FLORIDA | Board *of* Speech-Language Pathology and Audiology

October 23, 2020
9:00 a.m.

Join the meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/381000533
Conference Number: 1-866-899-4679
Access Code: 381-000-533

Peter Johnson, PhD
Chair

Frederick Rahe, Au.D.
Vice-Chair

Kama Monroe
Executive Director

Friday, October 23, 2020

Meeting will be called to order at 9:00 a.m., or soon thereafter.

Call to Order: Peter Johnson, Chair
Roll Call: Kama Monroe, Executive Director

AGENDA

REVIEW AND APPROVAL OF MINUTES

TAB 1: July 24, 2020 Board Meeting Minutes

DISCIPLINARY

SETTLEMENT AGREEMENT
TAB 2: SA-01 INGRID RENEE DESORMES, S.L.P., CASE NUMBER 2019-18844
PCP: Rutland and Gaunt-Jaehne

VOLUNTARY RELINQUISHMEN
TAB 3: VR-01 DARREN ALLAN KURTZER, A.Y., CASE NUMBER 2020-13426
PCP: None

TAB 4: PROSECUTION SERVICES REPORT, Christina A. Schideler, Esq.

APPLICANTS

SPEECH-LANGUAGE PATHOLOGY ASSISTANT APPLICATION REVIEW
TAB 5: Marilyn Ramos, File #5623

MATERIALS PRESENTED AT JULY 24, 2020 MEETING
TAB 6: Claribel Irene Pons Figueredo, File #5133
TAB 7: Clara Rosa Mora Blazquez, File #5436

PROVISIONAL SPEECH-LANGUAGE PATHOLOGY APPLICATION REVIEW
TAB 8: Marielys Reyes, File #9804
TAB 9: Beth S. Tetelbaum, File #10220
TAB 10: Maigre Figueirgas, File #9941

TAB 11: RATIFICATION OF LICENSURE

(a) 3001 - Speech-Language Pathologist 7.1.2020 through 9.25.2020
(b) 3002 - Audiologist 7.1.2020 through 9.25.2020
(c) 3003 - Speech-Language Pathology Assistant 7.1.2020 through 9.25.2020
(d) 3004 - Audiology Assistant 7.1.2020 through 9.30.2020
(e) 3005 - Provisional Speech-Language Pathologist 7.1.2020 through 9.25.2020
(f) 3006 - Provisional Audiologist 7.1.2020 through 9.25.2020

TAB 12: BOARD CHAIRMAN REPORT-Dr. Peter Johnson

BOARD COUNSEL REPORT, Ronald Jones, Esq.

TAB 13: RULES REPORT

RULE DISCUSSION

TAB 14: 64B20-2.004 Professional Employment Experience.
64B20-2.004 Professional Employment Experience. Current
64B20-2.004 Professional Employment Experience. Strike-thru
SPA-2B Supplementary Evaluation Form
SPA-2C Supervisory Report for Provisional Licensees

TAB 15: 64B20-5.005 Requirements for Renewal of Provisional License.
64B20-5.005 Requirements for Renewal of Provisional License. Current
64B20-5.005 Requirements for Renewal of Provisional License. Strike-thru
SPA-2A Verification of Employment Form
SPA-5 Application for Provisional Speech-Language Pathologist or Audiologist Renewal

TAB 16: Emotional Support Animals
Laws of Florida 2020-76, Emotional Support Animals
64B20-7.001 with Emotional support animal violation

TAB 17: Rule Change - 64B20-2.005(3), F.A.C. Examination.
64B20-2.005 Examination- Current
64B20-2.005 Examination- Strike thru
Letter from ETS- Praxis Audiology 5343 Test

TAB 18: EXECUTIVE DIRECTOR REPORT-Kama Monroe, J.D., Executive Director

TAB 19: AD HOC COMMITTEE MEETING UPDATE

A. Amended Rule 64B20-4.003, 64B20-4.004 and New Rule 64B20-4.0046
64B20-4.003 On-the-Job Training, Role and Observation of Speech-Language Pathology and Audiology Assistants. Current
64B20-4.003 On-the-Job Training, Role and Observation of Speech-Language Pathology and Audiology Assistants. Strike thru
64B20-4.004 Supervision of Speech-Language Pathology Assistants and Audiology Assistants. Current
64B20-4.004 Supervision of Speech-Language Pathology Assistants and Audiology Assistants.Strike thru
64B20-4.0046 Board Established and Approved Protocols for Audiology Assistants. New Rule

B. September 29, 2020 Ad Hoc Committee Meeting

TAB 20: BOARD LIAISON REPORTS

A: Budget Liaison Report- Dr. Johnson (SLP)
1. Revenue Report
2. Expenditures

B: Application - Dr. Rahe (Au.D) & Dr. Johnson (SLP**)**

C: Continuing Education - Dr. Guerreiro (Au.D)

1. Approved Providers 7.1.2020 through 9.25.2020 (informational purposes only)

D: Laws and Rules - Vacant: (Dr. Rahe (Au.D) for specific circumstances
E: Unlicensed Activity - Dr. Rahe (Au.D) & Dr. Johnson (SLP)
F: Healthy Weight - Ms. Rutland

TAB 21: GENERAL DISCUSSION

OLD BUSINESS

TAB 22: English Competency Discussion

NEW BUSINESS

TAB 23: Election of Officers
TAB 24: 2022 Proposed Meeting Dates

TAB 25: PUBLIC COMMENT

ADJOURN Next meeting: January 22, 2021 TBA

FLORIDA | Board *of* Speech-Language Pathology and Audiology

Teleconference Minutes

July 24, 2020
9:00 a.m.

Conference Number: 1 877 309 2073
Access Code: 396-536-709
or
Join the meeting from your computer, tablet or smartphone.
https://global.gotomeeting.com/join/396536709

Peter Johnson, PhD
Chair

Frederick Rahe, Au.D.
Vice-Chair

Kama Monroe
Executive Director

The Meeting was called to order by Board Chair, Peter Johnson at 9:03 a.m.

Present for all or part of the meeting, include:

MEMBERS PRESENT:
Peter Johnson, Au.D., Chair
Frederick Rahe, Au.D., Vice-Chair
Sergio Guerreiro, Au.D.
Sherry Jordan, Ed.S.

MEMBERS ABSENT:
Kristen Rutland, SLP
Paul Boyev, M.D.

COURT REPORTER:
For the Record Reporting
(850) 222-5491

TRANSLATOR:
Link Translations
Ms. Saori Yamashita

BOARD STAFF PRESENT:
Kama Monroe, Executive Director
Christa Peace, Regulatory Specialist III

BOARD COUNSEL:
Tom Jones, Board counsel

PROSECUTION SERVICES UNIT
Rose Garrison, Esq.

Please note that the meeting minutes reflect the actual order that agenda items were discussed during the meeting and may differ from the agenda outline.

Due to technical issues the Board Chair requested the vice-chair run the meeting.

DISCIPLINARY

SETTLEMENT AGREEMENT

TAB 1: INGRID RENEE DESORMES, S.L.P., CASE NUMBER 2019-18844

PCP: Rutland and Gaunt-Jaehne

PSU attorney Dani Hart informed the board that should the agreement not be acceptable as is, the matter would need to be withdrawn.
Motion: by Dr. Johnson, seconded by Dr. Guerriero, to table the matter.

REVIEW AND APPROVAL OF MINUTES

TAB 2: April 24, 2020 Board Meeting Minutes

Motion: by Dr. Johnson, seconded by Dr. Guerriero, to accept the minutes. Motion carried.

TAB 3: PROSECUTION SERVICES REPORT, Rose Garrison, ESQ.

Prosecuting Services attorney Christina Scheidler introduced herself to the board, as well as, attorney Ryan Sandy who will be assigned to the Board of Speech-Language, Pathology & Audiology moving forward. Mr. Sandy provided a summary of the Prosecution Services Report. He then requested the board allow the Department to continue to prosecute all year or older cases.

Motion: by Dr. Guerriero, seconded by Dr. Johnson, to allow PSU to continue prosecuting cases a year and older. Motion carried.

APPLICANTS

SPEECH-LANGUAGE PATHOLOGY ASSISTANT APPLICATION REVIEW

TAB 4: Barbara Alvarez-Hernandez, File #5216

Applicant was present. Applicant was not represented by counsel.
The board provided a Spanish translator for applicant.

Action Taken: After discussion, Dr. Johnson, moved to approve the application, Dr. Guerriero seconded the motion. Motion carried.

TAB 5: Saray Puch, File #5549

Applicant was not present. Applicant was not represented by counsel.

Action Taken: After discussion, Dr. Guerriero, moved to approve the application, Dr. Johnson seconded the motion. Motion carried.

TAB 6: Clara Rosa Mora Blazquez, File #5436

Applicant was present. Applicant was not represented by counsel.
The board provided a Spanish translator for applicant.

Action Taken: After discussion, Dr. Johnson moved to table the application and allow the applicant time to submit additional documents for further review. The Chair has the authority to determine whether the documents meet the requirements for licensure. Applicant will be required to appear at the next board meeting, if the documents are not received or do not meet requirements prior to the next scheduled board meeting. Dr. Rahe seconded the motion. Motion carried.

Applicant verbally waived ninety-day requirement.

TAB 7: Claribel Irene Pons Figueredo, File #5133
Applicant was present. Applicant was not represented by counsel.
The board provided a Spanish translator for applicant.

Action Taken: After discussion, Dr. Johnson, moved to table the application until the next board meeting, Dr. Guerriero seconded the motion. Motion carried.

Applicant verbally waived the ninety-day requirement.

PROVISIONAL SPEECH-LANGUAGE PATHOLOGY APPLICATION REVIEW

TAB 8: Oslayda Ramos, File #9213
Applicant was present. Applicant was not represented by counsel**.**

Action Taken: After discussion, Dr. Rahe moved to approve the license with the condition that within six months, the applicant submit a new credential evaluation reflecting the education hours are verified, Dr. Johnson seconded the motion. Motion carried.

TAB 9: Beatriz Bermejo Guerra, File #9954
Applicant was present. Applicant was not represented by counsel.
The board provided a Spanish translator for applicant.

Action Taken: After discussion, Dr. Guerriero, moved to approve the application, Dr. Johnson seconded the motion. Motion carried.

TAB 10: Solangel Hernandez, File #9916
Applicant was present. Applicant was not represented by counsel.
The board provided a Spanish translator for applicant.

Action Taken: After discussion, Dr. Guerriero, moved to approve the application, Dr. Rahe seconded the motion. Motion carried.

Due to technical issues the application items were called multiple times.

EXEMPTION

TAB 11: Stephen Oteri, File #9963
Applicant was not present. Applicant was not represented by counsel.

After discussion, Dr. Guerriero, moved to approve the application, Dr. Johnson seconded the motion. Motion carried.

TAB 12: RATIFICATION OF LICENSURE

a. 3001 - Speech-Language Pathologist 4.1.2020 through 6.30.2020
   Motion: by Dr. Johnson, seconded by Dr. Guerriero, to ratify the license numbers 17831-18060 issued between 4.1.2020 and 6.30.2020 totaling 229 licenses. Motion carried.

b. 3002 - Audiologist 4.1.2020 through 6.30.2020
   Motion: by Dr. Rahe, seconded by Dr. Guerriero, to ratify license numbers 17679-17830 issued between 4.1.2020 and 6.30.2020 totaling 37 licenses. Motion carried.

c. 3003 - Speech-Language Pathology Assistant 4.1.2020 through 6.30.2020
   Motion: by Dr. Rahe, seconded by Dr. Guerriero, to ratify license numbers 4338-4414 issued between 4.1.2020 and 6.30.2020 totaling 77 licenses. Motion carried.

d. 3004 - Audiology Assistant 4.1.2020 through 6.30.2020
Motion: by Dr. Rahe, seconded by Dr. Guerriero, to ratify license numbers 382-388 issued between 4.1.2020 and 6.30.2020 totaling 7 licenses. Motion carried.

e. 3005 - Provisional Speech-Language Pathologist 4.1.2020 through 6.30.2020
Motion: by Dr. Guerriero, seconded by Dr. Johnson, to ratify license numbers 9509-9588 issued between 4.1.2020 and 6.30.2020 totaling 79 licenses. Motion carried.

f. 3006 - Provisional Audiologist 4.1.2020 through 6.30.2020
Motion: by Dr. Rahe, seconded by Dr. Guerriero, to ratify license numbers 798-801 issued between 4.1.2020 and 6.30.2020 totaling 4 licenses. Motion carried.

TAB 13: BOARD CHAIRMAN REPORT-Dr. Johnson

Board Chair, Peter Johnson, reviewed the budget as part of his chair report. Dr. Johnson further noted he would like to discuss the English proficiency at the next meeting

BOARD COUNSEL REPORT, Ronald Jones, Esq.

TAB 14: RULES REPORT

Board Counsel, Tom Jones reviewed the rules reports for the board.

RULE DISCUSSION

TAB 15: ANNUAL REGULATORY PLAN 2020-21

Board counsel summarized the statutory requirement regarding the annual regulatory plan.

Motion: by Dr. Guerriero, seconded by Dr. Johnson to approve the annual regulatory plan. Motion carried.

TAB 16: BOARD REVIEW/APPROVAL OF THE COMPREHENSIVE RULES REVIEW

Board counsel summarized the review requirement.

Motion: by Dr. Rahe, seconded by Dr. Johnson, to delegate Dr. Rahe the authority to review and approve the comprehensive rules review.

TAB 17: 64B20-2.007 REQUIREMENT FOR INSTRUCTION ON HUMAN IMMUNODEFICIENCY VIRUS AND ACQUIRED IMMUNE DEFICIENCY SYNDROME

Motion: by Dr. Johnson, seconded by Dr. Rahe to repeal Rule 64B20-2.007 and enter into rulemaking.

Motion: by Dr. Rahe, seconded by Dr. Johnson that repeal of the rule will not make an adverse impact on small business. Motion carried.

Motion: by Dr. Rahe, seconded by Dr. Johnson, that the proposed changes would not directly or indirectly increase regulatory costs to any entity including government in excess of $200,000.00 in aggregate in Florida within one year after the implementation of the rule. The proposed rule amendments will not have an adverse impact and would not directly or indirectly increase regulatory costs to any entity including government in excess of $1,000,000.00 within five years after the implementation of the rule. Motion carried.

GENERAL DISCUSSION

TAB 27: FLAA Request for Protocol Addition to Rule 64B20-4.004 6.7.20

Suzanne Younker, representing the Florida Academy of Audiology, requested a new rule be promulgated regarding supervision of audiologists. Board counsel recommended an ad hoc committee be formed to meet and discuss.

Motion**:** by Dr. Guerriero, seconded by Dr. Johnson to form an ad hoc committee composed of Dr. Rahe and Dr. Guerriero and schedule and ad hoc committee meeting prior to next board meeting.

EXECUTIVE DIRECTOR REPORT-Kama Monroe, J.D., Executive Director

TAB 18: APPLICATIONS

Motion: by Dr. Johnson, seconded by Dr. Guerriero to approve the modification to Rule 64B20-2.001. Motion carried.

Motion: by Dr. Guerriero, seconded by Dr. Rahe that modification of the rule will not make an adverse impact on small business. Motion carried.

Motion: by Dr. Guerriero, seconded by Dr. Rahe**,** that the proposed changes would not directly or indirectly increase regulatory costs to any entity including government in excess of $200,000.00 in aggregate in Florida within one year after the implementation of the rule. No SERC is needed and no legislative ratification is needed. Motion carried.

Motion: by Dr. Guerriero, seconded by Dr. Rahe to find that a violation of the rule or any part of this rule would not be considered a minor violation. Motion carried.

Motion: by Dr. Guerriero, seconded by Dr. Rahe to approve the modification to Rule 64B20-2.003. Motion carried.

Motion: by Dr. Guerriero, seconded by Dr. Rahe that modification of the rule will not make an adverse impact on small business. Motion carried.

Motion: by Dr. Guerriero, seconded by Dr. Rahe, that the proposed changes would not directly or indirectly increase regulatory costs to any entity including government in excess of $200,000.00 in aggregate in Florida within one year after the implementation of the rule. No SERC is needed and no legislative ratification is needed. Motion carried.

Motion: by Dr. Guerriero, seconded by Dr. Rahe to find that a violation of the rule or any part of this rule would not be considered a minor violation. Motion carried.

Motion: by Dr. Guerriero, seconded by Dr. Rahe to approve the modification to Rule 64B20-4.001. Motion carried.

Motion: by Dr. Guerriero, seconded by Dr. Rahe that modification of the rule will not make an adverse impact on small business. Motion carried.

Motion: by Dr. Guerriero, seconded by Dr. Rahe, that proposed changes would not directly or indirectly increase regulatory costs to any entity including government in excess of $200,000.00 in aggregate in Florida within one year after the implementation of the rule. No SERC is needed and no legislative ratification is needed. Motion carried.

TAB 19: FLORIDA DEPARTMENT OF HEALTH CE RENEWAL COURSES
Motion: by Dr. Guerreiro, seconded by Dr. Rahe, to not allow credit for the Florida Department of Health CE Renewal Course.

BOARD LIAISON REPORTS

TAB 20: Budget Liaison Report- Dr. Johnson (SLP)

a. Revenue Report

This was discussed during the board chair report.

TAB 21: Application - Dr. Rahe (Au.D) & Dr. Johnson (SLP**)**

This was discussed earlier in agenda.

TAB 22: Continuing Education - Dr. Guerreiro (Ad)

No report at this time.

TAB 23: Laws and Rules - Vacant: (Dr. Rahe (Au.D) for specific circumstances

This was discussed earlier in agenda.

TAB 24: Unlicensed Activity - Dr. Rahe (Au.D) & Dr. Johnson (SLP)

No report at this time.

TAB 25: Healthy Weight - Ms. Rutland

No report at this time.

GENERAL DISCUSSION

TAB 26: National Council of State Boards of Examiners in Speech-Language Pathology and Audiology

Executive Director, Kama Monroe provided a summary regarding this matter. This matter was related to the Interstate Compact movement.

NEW BUSINESS

TAB 28: Licensure Application Process

Discussion regarding the licensing process and items that delay processing. Extensive discussion ensued. Ms. Avelar provided information to the board regarding her company's processes. After discussion of the role of the credential process. Ms. Avelar agreed to meet with Executive Director, Kama Monroe to further discuss.

OLD BUSINESS

TAB 29: English Competency Discussion

Continued to the October meeting

PUBLIC COMMENT

TAB 30: Foreign Education Professionals-Ana Avelar

Discussion of this matter was included with tab 28.

There was no additional public comment.

ADJOURN Motion by Peter Johnson, seconded by Sergio Guerreiro adjourn.
Next meeting October 23, 2020
Meeting adjourned at 12:55 p.m.

MEMORANDUM

TO: Kama Monroe, JD, Executive Director
Speech-Language Pathology and Audiology
FROM: Chase Den Beste, Assistant General Counsel
RE: Settlement Agreement
SUBJECT: DOH v. Ingrid Renee Desormes, S.L.P.
DOH Case Number 2019-18844
DATE: September 10, 2020

Enclosed you will find materials in the above-referenced case to be placed on the agenda for final agency action for the October 23, 2020 meeting of the Board of Speech-Language Pathology and Audiology. The following information is provided in this regard.

Subject: Ingrid Renee Desormes, S.L.P.

Subject's Address of Record:
410 Evernia St
Apt #520
West Palm Beach, FL 33401
(321) 662-2156 Telephone

Enforcement Address:
410 Evernia St
Apt #520
West Palm Beach, FL 33401

Subject's License No: 10334 **Rank:** SA

Licensure File No: 10585

Initial Licensure Date:	2/19/2010
License Status:	20: Clear
Board Certification:	None
Required to Appear:	Yes
Current IPN/PRN Contract:	No
Allegation(s):	**Count I** Section 468.1295(1)(d), Florida Statutes **Count II** Section 468.1295(1)(w), Florida Statutes
Prior Discipline:	None
Probable Cause Panel:	January 9, 2020 Rutland and Dr. Gaunt
Subject's Attorney:	Tamieka Range 7501 Citrus Ave #1191 Goldenrod, FL 32733 407-502-7526 Telephone
Complainant/Address:	Kindred Hospital of The Palm Beaches 5555 Blue Heron Blvd Riviera Beach, FL 33418
Materials Submitted:	Memorandum to the Board Settlement Agreement Administrative Complaint Election of Rights Cost Summary Report Final Investigative Report with Exhibits 1-10 Other Required Documents 456 Letter and Invoice

Disciplinary Guidelines:

Count I: From a reprimand to a suspension of the license, and an administrative fine of $10,000.00.

Count II: From reprimand to suspension of the license, and an administrative fine ranging from $2,500.00 to $5,000.00, or refusal to certify an application for licensure.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
BOARD OF SPEECH LANGUAGE PATHOLOGY AND AUDIOLOGY

2020 13 P

DEPARTMENT OF HEALTH,

Petitioner,

v. **CASE NO.: 2019-18844**

INGRID RENEE DESORMES, S.L.P.,

Respondent.
_____/

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above named parties hereby offer this Agreement to the Board of Speech-Language Pathology and Audiology (Board) as disposition of the Administrative Complaint, attached hereto as Exhibit "A", in lieu of any other administrative proceedings. The terms herein become effective only if and when a Final Order accepting this Agreement is issued by the Board and filed. In considering this Agreement, the Board may review all investigative materials regarding this case. If this Agreement is rejected, it, and its presentation to the Board, shall not be used against either party.

STIPULATED FACTS

1. Respondent is a Speech Language Pathologist in the State of Florida holding license number SA 10334.

2. The Respondent is charged by an Administrative Complaint filed by the Department and properly served upon Respondent with violations of Chapters 456 and/or 468, Part I, Florida Statutes.

3. Respondent neither admits nor denies the factual allegations contained in the Administrative Complaint.

STIPULATED LAW

4. Respondent admits that she is subject to the provisions of Chapters 456 and 468, Florida Statutes, and the jurisdiction of the Department and the Board.

5. Respondent admits that the stipulated facts, if proven true, constitute violations of laws as alleged in the Administrative Complaint.

6. Respondent admits that the Agreement is a fair, appropriate and reasonable resolution to this pending matter.

PROPOSED DISPOSITION

7. **APPEARANCE:** Respondent is required to appear before the Board at the meeting of the Board where this Settlement Agreement is considered.

REPRIMAND

8. The Board of Speech-Language Pathology and Audiology shall reprimand the license of the Respondent.

FINE AND COSTS

9. The Respondent must pay an administrative fine in the amount of **three thousand dollars ($3,000.00)** and investigative costs not to exceed **two thousand,**

two hundred dollars ($2,200.00) within one (1) year from the date of entry of the Final Order. Payment shall be made to the Board of Speech-Language Pathology and Audiology and mailed to, DOH-Compliance Management Unit, 4052 Bald Cypress Way, Tallahassee, Florida 32399-3276, Attention: Speech-Language Pathology and Audiology Compliance Officer. **Payment must be made by cashier's check or money order ONLY.** Personal Checks shall **NOT** be accepted.

CONTINUING EDUCATION

10. The Respondent shall enroll in and successfully complete six (6) course hours in both **Recordkeeping** and in **Laws and Rules**. This shall be in addition to other normally required continuing education courses. Verification of course content and course completion must be submitted to the Speech-Language Pathology and Audiology Compliance Officer within six (6) months from the date of this Order. The Board will retain jurisdiction for the purpose of enforcing continuing education requirements.

STANDARD LANGUAGE

11. The Respondent shall not violate Chapter 456 or 468, Florida Statutes, the rules promulgated pursuant thereto, any other state or federal law, rule, or regulation relating to the practice or the ability to practice Speech-Language Pathology and Audiology. Violation of an order from another state/jurisdiction shall constitute grounds for violation of the Board Order adopting this Agreement.

12. It is expressly understood that this Agreement is subject to the approval of the Board and Department and has no force and effect until an Order is entered adopting the Agreement.

13. This Agreement is executed by the Respondent for the purpose of avoiding further administrative action by the Board of Speech-Language Pathology and Audiology regarding the acts or omissions specifically set forth in the Administrative Complaint attached hereto. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Agreement. Furthermore, should this joint Agreement not be accepted by the Board, it is agreed that presentation to, and consideration of, this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings. Respondent shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law.

14. Respondent and the Department fully understand that this joint Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or Department against the Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached hereto. This Agreement relates solely to the current disciplinary proceedings arising from the above-mentioned Administrative Complaint and does not preclude further action by other

divisions, departments, and/or sections of the Department, including but not limited to the Agency for Health Care Administration's Medicaid Program Integrity Office.

15. The Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

16. Respondent waives all rights to appeal and further review of this Agreement and these proceedings.

WHEREFORE, the parties hereto request the Board to enter a Final Order accepting and implementing the terms contained herein.

SIGNED this 7 day of March 2020.

Ingrid Desormes MA CCC SLP

Ingrid Renee Desormes, S.L.P.

Before me personally appeared Ingrid Desormes whose identity is known to be by Driver license (type of identification), and who under oath, acknowledges that her signature appears above.
Sworn to and subscribed by Respondent before me this 7 day of March, 2020.

Notary Public
My Commission Expires: 3/30/2020

DOUGLAS ALEXANDER LAWSON
MY COMMISSION # FF976994
EXPIRES March 30, 2020
(407) 398-0153 FloridaNotaryService.com

APPROVED this 11th day of March, 2020.

2020 MAR 13 PM 1:16

Scott A. Rivkees, M.D.
State Surgeon General

Counsel for Petitioner:
Dannie L. Hart
Assistant General Counsel
Florida Bar Number 820989
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, BIN #C-65
Tallahassee, Florida 32399-3265
Dannie.Hart@flhealth.gov

STATE OF FLORIDA
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

DEPARTMENT OF HEALTH,

PETITIONER,

v. **CASE NO. 2019-18844**

INGRID RENEE DESORMES, S.L.P.,

RESPONDENT.
_____/

ADMINISTRATIVE COMPLAINT

Petitioner, Department of Health, by and through its undersigned counsel, files this Administrative Complaint before the Board of Speech-Language Pathology and Audiology against Respondent, Ingrid Renee Desormes, S.L.P., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of speech-language pathology pursuant to Chapter 20, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 468, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed speech-language pathologist within the State of Florida, having been issued license number SA 10334.

3. Respondent's address of record is 410 Evernia Street, Apartment 520, West Palm Beach, Florida 33401.

4. At all times relevant to this compliant, Respondent was employed as a speech-language pathologist at Kindred Hospital – The Palm Beaches (KH), in Riviera Beach, Florida.

5. On or about April 18, 2019, Patient M.T. was admitted to KH and presented with a history of weakness, polymyositis, respiratory failure, systemic lupus, and pneumonia.

6. On or about April 19, 2019, Respondent requested to perform a bedside swallow evaluation on Patient M.T. but was denied by Patient M.T.'s attending physician, Dr. Danial Daria.

7. On or about April 21, 2019, Respondent entered an order for "Swallow Study Beside," for Patient M.T. as a telephonic order from Dr. Craig Altus, a pulmonologist consulting on Patient M.T.'s care.

8. The order stated it was read back to the provider.

9. Dr. Altus did not provide the order for Patient M.T.

10. Respondent stated that the order incorrectly listed Dr. Altus as the ordering physician and the order was from Dr. Anjad Munim, the Medical Director at KH.

11. Dr. Munim did not provide the order for Patient M.T.

12. Respondent made or filed a report or record which Respondent knew to be false when Respondent entered an order for Patient M.T. under Dr. Altus.

13. It is outside the scope for a speech-language pathologist disregard a patient's physician's orders and to act autonomously in entering orders and providing services to a patient.

COUNT I

14. Petitioner reasserts and re-alleges paragraphs one through thirteen as if set forth fully at length herein.

15. Section 468.1295(1)(d), Florida Statutes (2018), subjects a speech-language pathologist to discipline for making or filing a report or record which the licensee knows to be false, intentionally or negligently failing to file a report or records required by state or federal law, willfully impeding or obstructing such filing, or inducing another person to impede or obstruct such filing. Such report or record shall include only those reports or records which are signed in one's capacity as a licensed speech-language pathologist or audiologist.

16. Respondent made and/or filed a false report or record that the Respondent knew to be false by entering a telephonic order for Patient M.T. from Dr. Altus when Dr. Altus did not give an order for Patient M.T.

17. Based on the foregoing, Respondent has violated Section 468.1295(1)(d), Florida Statutes, by making or filing a report or record which the Respondent knew to be false.

COUNT II

18. Petitioner reasserts and re-alleges paragraphs one through thirteen as if set forth fully at length herein.

19. Section 468.1295(1)(w), Florida Statutes (2018), subjects a speech-language pathologist to discipline for practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee or certificateholder knows, or has reason to know, the licensee or certificateholder is not competent to perform.

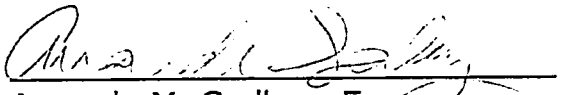
20. Respondent disregarded the patient's physician's orders and autonomously entered an order for Patient M.T. to receive a beside swallow test without physician orders.

21. Based on the forgoing, Respondent has violated Section 468.1295(1)(w), Florida Statutes, by practicing or offering to practice beyond the scope permitted by law.

WHEREFORE, Petitioner respectfully requests that the Board of Speech-Language Pathology and Audiology enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 9th day of January, 2020.

Scott A. Rivkees, M.D.
State Surgeon General



Amanda M. Godbey, Esq.
Assistant General Counsel
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
Florida Bar No. 1000352
(850) 558-9873
(850) 245-4681 FAX
Amanda.Godbey@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: Angel Sanders
DATE: JAN 0 9 2020

PCP: January 9, 2020
PCP Members: Kristen Rutland and Dr. Barbara Gaunt

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested. A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code.

If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Please be advised that mediation under Section 120.573, Florida Statutes, is not available for administrative disputes involving this agency action.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

ELECTION OF RIGHTS

Please sign and complete all of the information below:

I received the Administrative Complaint on the following date: January 14, 2020 2020 JAN 31 P 2:32

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS.

OPTION 1. _____ **I do not dispute the allegations** of material fact in the Administrative Complaint. I request a hearing be conducted pursuant to Section 120.57(2), Florida Statutes, where I will be permitted to appear, if I so choose, and submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. X **I do dispute the allegations** of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. **Pursuant to the requirement of Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:**

Paragraph 16: Filed a false report or record that Respondent knew to be false

Paragraph 20: Disregarded the pt's physician's orders & autonomously entered order

In the event that you fail to make an election in this matter within twenty-one (21) days from receipt of the Administrative Complaint, your failure to do so may be considered a waiver of your right to elect a hearing in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear your case.

PLEASE NOTE: Regardless of which option you choose, you may be able to reach a settlement agreement with the Department in your case. Please contact the prosecuting attorney if you wish to do so.

Ingrid Desormes
Respondent's Signature
Address: 410 Evernia St #520
West Palm Beach, FL 33401
Lic. No.: SA 10334
Phone No.: 3216622156 Fax No.:
Email: idesormes.slp@gmail.com
STATE OF FLORIDA
COUNTY OF Palm Beach

Tamieka Range, ESQ
Attorney/Qualified Representative*
Address: 7501 Citrus Ave #1191
Goldenrod, FL 32733
Phone No.: 407 502 7626
Fax No.: 407 567 0169
Email: t.range@rangelawfirm.com

***Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.**

Before me, personally appeared Ingrid Desormes, whose identity is known to me or produced Driver License (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 23 day of January 2020.

Notary Public-State of Florida

My Commission Expires

DOUGLAS ALEXANDER LAWSON
MY COMMISSION # FF976994
EXPIRES March 30, 2020
(407) 398-0153 FloridaNotaryService.com

Douglas Lawson
Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Amanda Godbey, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 558-9873; FAX (850) 245-4684; TDD 1-800-955-8771

Search	Complaint/Case Number: 201918844	MAIN	HELP

Complaint Cost Summary

Complaint Number: 201918844

Subject's Name: DESORMES, INGRID RENEE

	***** Cost to Date *****	
	Hours	**Costs**
Complaint:	0.50	$30.52
Investigation:	18.50	$1,192.50
Legal:	21.50	$2,343.91
Compliance:	0.00	$0.00
	**********	**********
Sub Total:	40.50	$3,566.93
Expenses to Date:		$0.00
Prior Amount:		$0.00
Total Costs to Date:		$3,566.93

STATE OF FLORIDA

DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

Office: WPB/JUPITER	Date of Complaint: 05/22/19	Case Number: 201918844

Subject: MS INGRID RENEE DESORMES 410 EVERNIA ST. APT #520 WEST PALM BEACH, FL 33401 (321) 662-2156	Source: Kindred Hospital of The Palm Beaches 5555 Blue Heron Blvd. Riviera Beach, FL 33418
Profession: Speech-Language Pathologist	License Number and Status: SA10334 CLEAR/ACTIVE
Related Case(s): None	Period of Investigation and Type of Report: 05/29/2019 – 08/20/2019 - Final

Alleged Violation:SS 456.072(1)(a)(b)(k)(l)(m)(o)(dd) and 468.1295(1)(d)(w)(bb) F.S

Synopsis: Complaint received from Kindred Hospital of the Palm Beaches reporting that on 04/21/2019 INGRID RENEE DESORMES, Speech-Language Pathologist provided dysphagia services on patient MT (34 y/o F), who was to remain NPO until her medical condition improved, without an order from the attending physician. Further DESORMES entered in an order into the electronic system for a “Swallow Study Bedside” as a telephone order from a different physician (order read back and confirmed), entered subsequent orders allegedly from the same physician; to change the patient MT’s diet to a level 5 oral diet and a final order for a “pharmacy consult; for recommendations on transition medications to PO at this time, Patient passed swallow eval.”, however the physician never made such orders.

☒ Yes ☐ No Subject Notification Completed?
☒ Yes ☐ No Subject Responded?
☒ Yes ☐ No Patient Notification Completed? N/A
☒ Yes ☐ No Above referenced licensure checked in database/LEIDS?
☐ Yes ☒ No Board certified? Name of Board: Date:
Specialty:

Law Enforcement – N/A
☐ Notified Date:
☐ Involved Agency:

☒ Yes ☒ No Subject represented by an attorney? DESORMES is represented by ATTORNEY TAMIEKA RANGE
7501 Citrus Ave. #1191
Goldenrod, FL 32733-5551
(407) 502-7626

Investigator/Date: 08/08/2019 Lubomyr Kulynych, Investigator	Approved By/Date: 08/20/2019 Charles Cox, Investigations Manager

Distribution: HQ/ISU

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IV. EXHIBITS

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* Exhibits contain information which identifies patient(s) by name and are sealed pursuant to section 456.057(9)(a) Florida Statute.

** Interview contains a recorded statement.

***This exhibit contains confidential records concerning reports of abuse, neglect or exploitation of the vulnerable adult, including reports made to the central abuse hotline, and is sealed pursuant to section 415.107(1), Florida Statute

INVESTIGATIVE DETAILS

INTERVIEW OF ELIZABETH A. PRINCE– SOURCE

Kindred Hospital of the Palm Beaches
5555 W. Blue Heron Blvd.
Riviera Beach, FL 33418
(561) 840-0754

On 08/08/2019, this investigator interviewed PRINCE at Kindred Hospital of the Palm Beaches. This interview was not recorded. PRINCE is the Program Director of Hospital Rehabilitation Services. PRINCE reiterated her complaint that is in exhibit#1 and stated the following:

- PRINCE was DESORMES immediate supervisor.
- On 4/21/19, DESORME met with patient MT who had a history of weakness, polymyositis, respiratory failure, systemic lupus, and pneumonia.
- DESORMES wanted to conduct a bedside swallow evaluation on patient MT but the attending physician DR DANIAL DARIA denied it claiming that patient MT was too weak for this evaluation.
- DESORMES disagreed with DR DARIA'S diagnosis and later contacted the Medical Director DR MUNIM. DESORME claimed that MUNIM authorized the swallow evaluation on patient MT.
- When DESORME put the order in, she put it under DR ALTUS not DR MUNIM.
- DESORME conducted the bed side swallow study on patient MT.
- On 4/23/19, DESORME sent a text to PRINCE stating that she is going to have a problem with DR DARIA and that DR DARIA was upset with her.
- DR DARIA notified the hospital administration about what happened and DESORME was put on suspension.
- After further investigation both DR MUNIM and DR ALTUS never approved the bedside swallow evaluation.

INTERVIEW OF GAIL R. JOHNSON– WITNESS
Kindred Health
680 South Fourth St.
Louisville, KY 40202
(715) 557-0955

On 08/09/2019, this investigator interviewed GAIL R. JOHNSON via telephone. This phone call was not recorded. JOHNSON is the Field Director of Compliance for Kindred Health. JOHNSON stated the following:

- that she was the lead investigator in the case against DESORMES.
- JOHNSON'S findings on the investigation that DESORMES did not follow policy on obtaining a physician's order prior to initiating services.
- DESORMES did not follow standards of practice and the primary physician did not want speech therapy intervention for swallowing service for patient MT at the time of admission because patient MT had an infection and wanted that resolved.
- DRMSORMES informed JOHNSON that she contacted the Medical Director on Easter Sunday in order to obtain a verbal order for a swallow assessment. This happened 3 days after her initial conversation with DR DARIA. But the Medical Director denied that.
- Patient MT did have a respiratory event after services were initiated by DESORMES as she advanced her from a non-oral diet to an oral diet for both food and medication.
- DESORMES did not exhibit the practice that was safe for the patient thus putting the patient for risk toward other medical issues.
- KINDRED separated employment with DESORMES

INTERVIEW OF DR DANIEL DARIA– WITNESS
10625 N Military Trail #102
Palm Beach Gardens, FL 33410
(561) 249-7626

On 08/09/2019, this investigator interviewed DR DANIAL DARIA via telephone. This phone call was not recorded. DR DARIA is an attending physician at Kindred Hospital of the Palm Beaches. DARIA stated the following:

- Patient was transferred from Palm Beach Gardens Hospital and was NPO because she failed the swallowing evaluation and DARIA informed the DESORME and the staff at Kindred Hospital not to feed patient MT at all because of her muscle weakness.

- DESORME told DARIA that she is the "Best Speech-Pathologist in the state of Florida" and told her that is very good but she had the test conducted at Palm Beach Gardens Hospital and that she can not be fed. The Patient MT has to be NPO for at least a week and DARIA would need the video of the swallowing eval before patient MT can be fed.

- Two days afterwards, DARIA finds out that DESORME is feeding her and later patient MT ended up in the ICU with aspiration pneumonia. DEORME argued with DSARIA stating that the tests that were previously done were wrong.

- Later DARIA went to Kindred Hospital administration because he stated that this was not a mistake, nor misinterpretation she did not listen told them not to do that because of the fact that everything that patient MT ate ended up in her lungs

INVESTIGATOR'S NOTE:

Several attempts were made to contact patient MT on 5/29/19, 8/13/19 and 8/16/19. Once a response is received from patient MT, a self-generated supplemental will be sent to PSU.

No Recorded statements were not obtained during this investigation.

CASE SUMMARY

CONFIDENTIAL

Case No: 201918844
Please use this number in all correspondence with the Department concerning this matter.

RESPONDENT INFORMATION

License: 10334 Profession: 3001 Speech-language Pathologist
Name: MS INGRID RENEE DESORMES
Address: 410 EVERNIA ST
APT #520
WEST PALM BEACH, FL 33401
Home Phone: (321) 662-2156

SOURCE OF INFORMATION

Name: Kindred Hospital Of The Palm Beaches
Address: 5555 Blue Heron Blvd
Riviera Beach , FL 33418
Home Phone: 561-904-8924

REPORTED INFORMATION

Receive Date: 05/22/2019 Source Code: 7 Form Code: 2
Responsible Party: ha173 Status Code: 10
Classification Code: Incident Date: 04/21/2019

Patient Name: Michelle Thurston

Possible Code(s): 18 , 32 , 29 , 15 , 19 , 21 , 20

Summary:
Possible violation of §§ 456.072(1)(a)(b)(k)(l)(m)(o)(dd) and 468.1295(1)(d)(w)(bb) F.S.
Failing to perform statutory obligation, Violating any provision, practice below the acceptable level of care, making false report/making deceptive representations, practice beyond the scope….

Kindred Hospital of the Palm Beaches 04.21.2019 Subject provided dysphagia services on a patient, who was to remain NPO until her medical condition improved, without an order from the attending physician. Further, the Subject entered in order into the electronic system for a “Swallow Study Bedside” as a telephone order from a different physician (order read back and confirmed), entered subsequent orders allegedly from the same physician; to change the patient’s diet to a level 5 oral diet and a final order for a “pharmacy consult; for recommendations on transition medications to PO at this time, Pt passed swallow eval.”, however the physician never made such orders. This may be a standard of care and practice beyond the scope violation.

Analyzed by Melodie Angerer HA173

Ex#1

Health Care Provider Complaint Form

This information MUST be completed to investigate your complaint, as we correspond via U.S. mail. Incomplete forms CANNOT be processed.

Florida Statutes 456.073, Disciplinary proceeding: (1) The department, for the boards under its jurisdiction, shall cause to be investigated any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient. *If an investigation of any subject is undertaken, the Department will furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation.*

Health Care Provider Information:

Name: Desormes (Last) Ingrid (First) M.I. SLP (Profession) SA10334 (License Number)

Address: 410 Evernia Street Apt #520 (Number & Street) West Palm Beach (City) FL (State) 33401 (Zip)

Phone number(s): (321) 662-2156 Website:

Complainant Information:

Agency/Company Name (if applicable): Kindred Hospital of the Palm Beaches

Your Name: Prince (Last) Elizabeth (First) A (M.I.)

Address: 5555 Blue Heron Boulevard (Number & Street) Riviera Beach (City) FL (State) 33418 (Zip)

Phone Number: (561) 904-8924 Email: Elizabeth.Prince@kindred.com

Patient Information:

Please complete this section if you are filing a complaint on behalf of the patient. If you are the patient, please leave this section blank.

Name: Thurston (Last) Michelle (First) M.I.

Address: 990 Old Dixie Hwy (Number & Street) West Palm Beach (City) FL (State) 33403 (Zip)

Phone Number: (242)801-0890 Date of Birth: 01/12/1985

Your relationship to the patient:

☐ Self ☐ Parent ☐ Son/Daughter ☐ Spouse ☐ Brother/Sister ☐ Legal Guardian ☑ Other: provider

Please provide documentation indicating your appointment as the legal authority/guardianship or personal representative.

The Department does not investigate complaints regarding the amount charged for a procedure, broken or missed appointments, customer service, bedside manner, rudeness, professionalism or personality conflicts.

If the incident involved criminal conduct, contact local law enforcement. Have you contacted local law enforcement?

☐ Yes ☑ No

If Yes, Name of Contact: _____ Date: _____ Case Number: _____

Agency Name: _____

Provide a complete description of the complaint/report.
Include facts, details, dates, locations, etc. (who, what, when and where)
Attach additional sheets if necessary.

Please make and attach copies of medical records, correspondence, contracts and any other documents that will help support your complaint. Failure to attach records will delay the investigation.

Date of Incident: 04/21/2019

See attached investigation summary and supporting documentation.

The complaint form must be signed and returned to the Department.

Signature: _____ Date: 5/8/19

(Required to file complaint)

You may scan and return the form via email to:

MQA.consumerservices@flhealth.gov

You may mail the form to:

Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee, FL 32399-3275

You may fax the form to:

850-488-0796

Florida HEALTH
Medical Quality Assurance

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

To: Any and All Treating Health Care Practitioners or Facilities:
This authorization meets the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA Privacy Law) found at 45 CFR, Part 164.

This document authorizes any and all licensed health care practitioners, including but not limited to: physicians, nurses, therapists, social workers, counselors, dentists, chiropractors, podiatrists, optometrists, hospitals, clinics, laboratories, medical attendants and other persons who have participated in providing any health care or service to me, to discuss any communication, whether confidential or privileged, and to provide full and complete patient reports and records justifying the course of treatment including but not limited to: patient histories, x-rays, examination and test results, HIV, mental health, drug abuse treatment, psychiatric and psychological records, reports or information prepared by other persons that may be in your possession and all financial records, to the Department of Health (or any official representative of the Department) pursuant to Section 456.057, Florida Statutes.
This document provides full authorization to the Department of Health (or any official representative of the Department) to use any of the aforementioned reports and information for reproduction, investigation or other use for licensure or disciplinary actions and civil, criminal or administrative proceedings, as needed by the Department and may be subject to re-disclosure by the recipient and may no longer be protected by the federal privacy laws and regulation.
By signing below, the patient understands, acknowledges and authorizes the Department to release their identity and medical records to law enforcement and other regulatory agencies in appropriate circumstances at the Department's discretion.

A photocopy of this document is as sufficient as the original.

I understand that this authorization may be revoked upon my written request except to the extent that action has already been taken on this authorization.

Patient Name (Print):_____ Signature: _____

D.O.B.:_____ SSN:_____ Date: _____

Name of Authorized Person Other than Patient (Print): _____

Signature of Authorized Person Other than Patient: _____

Witness Name (Print):_____ Witness Signature: _____

DOH USE ONLY
Reference Number

_____

Unlicensed Activity

Only complete this page if your complaint is for unlicensed activity.

What is your relationship to the subject? _____

How did you become aware of the alleged unlicensed practice? _____

When did you become aware of the alleged unlicensed practice? _____

Location of alleged unlicensed practice: _____

Time and date of treatment or incident: _____

If payment was made, how was subject paid? _____

Does the subject or subject's business accept Medicaid? _____

Does the subject or subject's business accept Medicare? _____

Physical description of subject:

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____

Description of Vehicle:

Year: _____ Make: _____ Model: _____ Tag No: _____ Color: _____

Names and addresses of patients/victims/witnesses aware of your complaint:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Names of other subjects/licensees at the same location or business: _____

_____

Investigator:

- Gail R. Johnson, SLP; Field Director of Compliance
- Elayne Lopreato, Chief Executive Officer

Allegation:

- It was alleged that on 4/21/19 Ingrid Desormes, Speech-Language Pathologist, provided dysphagia services to Michelle Thurston, patient at Kindred Hospital - The Palm Beaches, without the attending physician's consent and order. Ms. Thurston had been admitted to Kindred Hospital – The Palm Beaches on 4/18/19. On 4/19/19, Dr. Danial Daria, attending physician, instructed Ingrid Desormes, SLP, that Ms. Thurston was to remain NPO until her medical condition improved. Dr. Daria and Ms. Desormes reported that Dr. Daria refused Ms. Desormes' request for an order for a bedside swallow assessment on 4/19/19.

Investigation Process:

An internal compliance investigation that included:

- Interviews of therapy and medical staff
- Review of billing service logs
- Review of physician's orders
- Review of Speech Therapy documentation
- Review of internal policies

Employees interviewed by Gail Johnson:

- Rosalie Espino, Area Director of Operations
- Elizabeth Prince, Program Director
- Dr. Danial Daria, Attending Physician
- Dr. Anjad Munim, Medical Director
- Ingrid Desormes, Speech-Language Pathologist

Employees interviewed by Elayne Lopreato:

- Dr. Danial Daria, Attending Physician
- Dr. Craig Altus, Pulmonologist
- Dr. Anjad Munim, Medical Director

Documents/Policies & Procedures Reviewed:

- Kindred Hospital (LTACH) POL 02.17 Physician's Orders
- Kindred Hospital H-MM-003-001 Ordering of Medication
- Kindred Hospital H-MM-003-006 Review of Medication Orders
- State Practice Acts, Rules and Regulations

SMART/BW Reports:

- Speech Therapy Service Log – April MTD: Michelle Thurston

Medical Record Documentation for Michelle Thurston:

- Physician's orders 4/18/19 – 4/25/19
- Speech Therapy Documentation 4/21/19 – 4/25/19
- Radiology/Chest X-Ray reports 4/19/19 – 4/29/19
- Kindred Hospital – The Gardens Progress Notes: Cardiology, Pulmonology, Internal Medicine
- Change of Condition note from 4/24/19 with transfer to ICU

Other documents reviewed:

- Ingrid Desormes' letter of resignation

Conclusion:

See attached Detailed Factual Summary

Detailed Factual Summary

On 4/25/19, Rosalie Espino, Area Director of Operations (ADO), contacted the Compliance Department via email with a concern brought to her attention by Elayne Lopreato, CEO at Kindred Hospital – The Palm Beaches detailing Dr. Danial Daria's report that Ingrid Desormes, Speech-Language Pathologist (SLP), provided Dysphagia Treatment to a patient without the attending physician's (Dr. Daria) consent and order. The investigation was assigned to Elayne Lopreato, CEO Kindred Hospital The Palm Beaches, and Gail Johnson, Field Director Compliance. Issues to be investigation include:

- Quality of Care: Care Complaints to be investigated by Gail Johnson, FDC
- Management and/or Human Resources: Employee Performance/Behavior to be investigated by Elayne Lopreato
- Business/Financial: Billing Errors (added 5/1/19) to be investigated by Gail Johnson, FDC

On 4/18/19, Michelle Thurston, a 34 year old female, was admitted to Kindred Hospital - The Palm Beaches from Kindred Hospital The Gardens under the care of Dr. Danial Daria, attending physician. Dr. Daria provided clinical oversight of Ms. Thurston's care as the attending physician at the acute care hospital, Kindred Hospital - The Gardens. Ms. Thurston's medical history included systemic lupus with respiratory failure, severe protein-calorie malnutrition and bilateral aspiration pneumonia. Ms. Thurston received a Modified Barium Swallow Study (MBS) at Kindred Hospital The Gardens on 4/15/19 of which Dr. Daria reported that Ms. Thurston "failed" the MBS and subsequently a PEG-tube was placed with orders for nothing by mouth due to high risk for aspiration and its related respiratory consequences.

On 4/19/19, Dr. Daria reported he spoke with Ingrid Desormes, SLP, regarding Ms. Thurston's care during which time Ms. Desormes requested Speech Therapy orders to evaluate and treat Ms. Thurston. Dr. Daria reported he instructed Ms. Desormes to "wait 10 days or so to see if she (Ms. Thurston) got stronger to address the medical issues she (Ms. Thurston) had." Ms. Desormes confirmed the conversation with Dr. Daria. When asked if Dr. Daria indicated Ms. Desormes could see the patient in the future for Speech Therapy, Ms. Desormes stated, "He said maybe in a week or two." Ms. Desormes and Dr. Daria corroborated Ms. Desormes's attempts to persuade Dr. Daria for a Speech Therapy evaluation order; however both stated that Dr. Daria refused to consent to a Speech Therapy evaluation order. Dr. Daria wrote a physician's order for NPO status and all nutrition via the PEG tube on 4/18/19.

It was noted that Ingrid Desormes's report of her conversation with Dr. Daria varied during multiple interviews with the investigator. On 4/26/19, Ms. Desormes stated that Dr. Daria told her that she could see Ms. Thurston in Speech Therapy "maybe in a week or two." However, on 4/29/19, Ms. Desormes reported that Dr. Daria stated, "Not at all; don't waste your time" at her request for Speech Therapy orders for Michelle Thurston.

On Sunday, 4/21/19 at 9:07 am, an order for "Swallow Study Bedside" was entered into the electronic medical record by Ingrid Desormes, SLP, as a telephone order from Craig Altus, MD. Dr. Altus is a pulmonologist consulting on Ms. Thurston's care. The order stated, "Yes, order read back to provider" as a read back verification. Subsequent orders entered into the medical record on 4/19/19 were to advance Ms. Thurston's diet to a Level 5 oral diet (by K Powell RN at the recommendation of Ingrid Desormes, SLP) and a telephone order from Dr. Altus entered by Ingrid Desormes, SLP, for a "pharmacy consult: for recommendations on transition medications to PO at this time. Pt passed swallow eval."

On Tuesday, 4/23/19, Dr. Daria was approached by a consulting Gastroenterologist (name unknown) who inquired of removing Ms. Thurston's PEG-tube as Ms. Thurston had "passed her swallow eval." Both Dr. Daria and Ms. Desormes confirmed Ms. Desormes was present during the conversation between Dr. Daria and the consulting Gastroenterologist, as the conversation occurred in a charting area of the nursing station. Dr. Daria reported he was unaware that Ms. Thurston had been receiving oral nutrition and requested a video swallow study to assess for aspiration. On 4/23/19 a 17:34, Ingrid Desormes, SLP, entered a physician order into the medical record for "Swallow Function w/Videorad" to "R/O aspiration." The order for "Swallow Function w/Videorad" was co-signed by Dr. Danial Daria on 4/23/19 at 17:54.

A Modified Barium Swallow Study was completed on Michelle Thurston by Ingrid Desormes, SLP, on 4/24/19 at 8:52 am. Ms. Desormes documented reduced tongue base retraction, impaired epiglottic inversion, post swallow residue in the valleculae which cleared with liquid wash and multiple swallow. Ms. Desormes documented that no penetration or aspiration occurred during the swallow assessment. Ms. Desormes recommendations included a diet advancement to a Dysphagia Level 6 (soft bite) with thin liquids, ongoing Speech Therapy services, upright positioning at meals, and alternating liquids and solids.

On 4/24/19 at 12:00, Michelle Thurston experienced a significant change in condition and "coded" due to hypoglycemia. Ms. Thurston was transferred to the Intensive Care Unit at 12:12 on 4/24/19.

Michelle Thurston has received multiple chest x-rays throughout her stay at Kindred Hospital The Palm Beaches that included (see document Radiology Reports – Thurston):

- 4/19/19: no infiltrates in her lungs
- 4/23/19: left basilar infiltrate present, which may be related to aspiration of food/liquids
- 4/24/19: bilateral lower lobe infiltrates with pleural effusions
- 4/25/19: left lower lobe infiltrate improved but not cleared
- 4/28/19: no infiltrates
- 4/29/19: new acute pneumonia in left lower lobe (patient returned to NPO status)

Ingrid Desormes, SLP, was interviewed regarding the Speech Therapy services delivered to Michelle Thurston. Ms. Desormes stated she screened Ms. Thurston on 4/19/19 and determined that Ms. Thurston would benefit from Speech Therapy intervention to advance her to an oral diet. Ms. Desormes reported she requested Speech Therapy orders from Dr. Daria on 4/19/19 and was told by Dr. Daria "to not waste your time" due to Ms. Thurston "failing" two video swallow studies at Kindred Hospital The Gardens. Dr. Daria did not authorize a Swallow Assessment per Ms. Desormes. Ms. Desormes denied requesting assistance from her director supervisor, Elizabeth Prince, to obtain Speech Therapy evaluation and treatment orders.

On 4/21/19, Ms. Desormes reported that Ms. Thurston expressed "a desire to want to eat." Ms. Desormes stated she "went to the Medical Director to get an order", stating "I already had a run in with the primary doctor and he's very hard to change his mind." Ms. Desormes stated she "got approval" for the Swallow assessment from Dr. Anjad Munim, Medical Director at Kindred Hospital The Palm Beaches. Ms. Desormes reported that she spoke with Dr. Munim on the phone on 4/21/19 (Easter Sunday) and then again in person on Monday, 4/22/19, at which time she expressed her concerns about Dr. Daria's "blocking this 34 year old's access to interventions."

Ms. Desormes reported that since Ms. Thurston had an "intact sensory system", a history of coughing during the swallow during her illness, and the presence of a cough response, Ms. Desormes determined a bedside swallow assessment would be "okay" rather than requesting a Modified Barium Swallow assessment. Ms. Desormes

initially reported to the investigator that she reviewed Michelle Thurston's video swallow results from Kindred Hospital The Gardens; however, upon further questioning, Ms. Thurston reported that she reviewed a note in a consultant report that was "copy-pasted into the note" in reference to the need for "multiple swallows". A review of a Cardiology Progress Note from 4/17/19 indicated that on 4/15/19, Michelle Thurston demonstrated penetration into the airway with multiple consistencies and the presence of post-swallow residue in the pharynx.

On 4/21/19, Ms. Desormes completed a bedside swallow assessment that included an oral mechanism exam, presentation of oral trials of solids, purees and thin liquids; and a vocal quality assessment and an assessment of a volition cough. Upon completion of the bedside swallow assessment, Ms. Desormes's recommendation included advancement to an oral diet with oral medications. When asked why she didn't take a more conservative approach in a patient with a history of a compromised respiratory system, Ms. Desormes stated, "there's always a scenario where you give them exercises or trial them" and that based on her clinical decision-making regarding the etiology of the dysphagia, it was her opinion that if the medical condition that caused the dysphagia was resolved and then the dysphagia "typically recovers when the medical issue is resolved'.

On 4/23/19 at 17:40, Ms. Desormes contacted her supervisory, Elizabeth Prince, Program Director, via text message to report a "problem with Dr. Daria." Ms. Desormes reported that Dr. Daria was "upset" that Speech Therapy had intervened with Michelle Thurston when he had stated he did not want the patient to attempt oral intake at that time. The text messages sent between Ingrid Desormes, SLP, and Elizabeth Prince, PD, stated (see documents "SLP Text 1" and "SLP Text 2"):

> Desormes: *We are going to have a problem with Dr. Daria*
> Prince: *Why?*
> Desormes: *Cause of the young one; He is upset that I went to another doctor; I discussed it already with Dr Munim about it and he said its fine; Now it's drama*
> Prince: *Oh well*
> Desormes: *Pretty much; Can I call you? Nvm; I'll just figure it out in the morning*

Elizabeth Prince, Program Director (PD), denied any knowledge of Dr. Daria's concerns and directives expressed to Ingrid Desormes, SLP, on 4/19/19. Ingrid Desormes stated she did speak to Elizabeth Prince regarding her interaction with Dr. Daria on 4/19/19 but that "it didn't seem to be a big deal at the time." Ms. Desormes reported that she contacted Dr. Anjad Munim, Medical Director, on 4/21/19 for a bedside swallow order via phone and then spoke with Dr. Munim in person on 4/22/19 to discuss her concerns that Dr. Daria "was blocking this 34 year old's access to services". When asked why she didn't notify her supervisor of her concerns with Dr. Daria, Ms. Desormes reported that "because I had talked to Dr. Munim in other cases, so I didn't think it was something outside of policy or a violation of what's appropriate." When asked why the physician's order was entered under Dr. Craig Altus, Ingrid Desormes stated it was entered in error and should have been documented under Dr. Munim.

Dr. Anjad Munim, Medical Director at Kindred Hospital The Palm Beaches, was interviewed separately by Elayne Lopreato, co-investigator, and by Gail Johnson, co-investigator. Dr. Munim reported to Ms. Lopreato and to Ms. Johnson that he did not receive a phone call on 4/21/19 (Easter Sunday) from Ingrid Desormes, nor did he authorize Ms. Desormes to complete a bedside swallow assessment on Michelle Thurston. Dr. Munim reported that he and Ms. Desormes had a conversation at the nurse's station during the week (date unknown per Dr. Munim) in which Ms. Desormes reported having a "problem" with one of the physicians and requesting Dr. Munim's assistance in "smoothing it over". Dr. Munim reiterated that he "didn't give the order" and that he would not "bypass a physician's order." Dr. Munim reported, "I didn't hear from her on the phone. I didn't give an order for the bedside. I do remember that she said she had to go around Dr. Daria to get the order."

On 4/26/19, Dr. Altus was interviewed by the co-investigator, Elayne Lopreato, CEO at Kindred Hospital – The Palm Beaches, at which time Dr. Altus denied giving a telephone order for the Swallow Study Bedside or change in NPO status, as written by Ingrid Desormes, SLP.

Kindred Hospital Rehabilitation Services Policy 02.17 Physician Orders states: *All therapists must have a physician order(s) before initiating:*

- *The evaluation of the patient;*
- *Significant changes to the treatment plan*
- *Continued treatment and/or reassessment of the patient following transfer to a higher level of care*

When receiving a physician order via phone or in person, the therapist "reads back" the order to the physician or NPP to ensure accuracy.

Dr. Anjad Munim, Dr. Craig Altus and Dr. Danial Daria all reported they did not provide a verbal or written order for a bedside swallow assessment on Michelle Thurston. Ingrid Desormes, SLP, documented a verbal order from Dr. Craig Altus; however Ms. Desormes stated she entered the order under Dr. Altus in error as the order should have been entered under Dr. Munim.

By providing services without a physician's order and entering the order under the name of a physician who did not authorize the order, Ingrid Desormes failed to follow Kindred Hospital policy on Physician Orders. Additionally, Speech-Language Pathologists do not exhibit autonomous practice per regulatory and statutory guidelines, and must provide services under the guidance of a physician or NPP. By failing to obtain authorization for the bedside swallow assessment, Ms. Desormes failed to follow standards of practice as identified by the State of Florida and the American Speech-Language-Hearing Association. Therefore, the allegation that a billing error occurred due to services provided without physician oversight is substantiated. The services billed on 4/21/19 and 4/22/19 are disallowed. Services provided 4/24/19 and 4/25/19 are allowed due to a valid physician's verbal order received on 4/23/19 by Dr. Danial Daria for a video swallow study.

The Quality of Care allegation is substantiated due to failure to follow acceptable practices by Speech-Language Pathologists regarding obtaining a valid physician's order, and clinical decision-making regarding oral intake based on a consultant note of a modified barium swallow rather than obtaining the original report from Speech Therapy. Furthermore, due to the patient's history of aspiration pneumonia and a compromised respiratory system, a video swallow assessment rather a bedside swallow assessment would be a safer course of action for the patient. As a result, Michelle Thurston's risk for aspiration was increased due to history of post-swallow residue in the pharyngeal cavity which may lead to aspiration after the swallow.

On 5/3/19, the investigator was contacted by Rosalie Espino, ADO, stating that Ingrid Desormes, SLP, had cancelled her participation in an exit call with Operations and Human Resources, and Ms. Desormes had tendered her resignation effective immediately to Elizabeth Prince, PD, on 5/3/19 at 5:07 am EST.

Physician's Orders Summary: Michelle Thurston

Date Time	Ordering Physician	Author of Order	Order Written
4/19/19 11:57	D. Daria MD	D. Daria MD	NPO except for tube feedings
4/21/19 9:07	C. Altus MD	I. Desormes SLP	Swallowing study bedside
4/21/19 11:06	C. Altus MD	K. Powell RN	General Diet; Level 5 (per SLP recommendations)
4/21/19 11:17	C. Altus MD	I. Desormes SLP	Pharmacy Consult: for recommendations; Please transition medications to PO at this time. Pt passed swallow eval.
4/23/19 17:34	D. Daria MD	I. Desormes SLP	Swallow Function w/Videorad
4/23/19 17:34	D. Daria MD	I. Desormes SLP	Modified Barium
4/23/19 18:16	D. Daria MD	S. Mayne RN	Discontinue order: General Diet
4/23/19 18:16	D. Daria MD	S. Mayne RN	NPO; No Meds by Mouth
4/24/19 9:29	D. Daria MD	K. Traendly RD	General Diet, Level 6 (per SLP recommendations)
4/24/19 12:29	D. Daria MD	R. Roferos RN	NPO
4/24/19 12:29	D. Daria MD	R. Roferos RN	Discontinue order: General Diet

[DN Daria MD, 04/19/19 11:57]

Cosigned: apixaban (Eliquis): per feeding tube tab,5 mg,
Start 04/19/19 09:00, q12h, (9 21), stop after 45 days, renewable.
Read back verification: Yes, order read back to provider.

Cosigned: Code status: CPR: yes
Advance directives reviewed: yes
Life sustaining treatments desired:
Intubation
Mechanical ventilation
Transcutaneous pacing
Cardioversion
Vasopressors
Anti-arrhythmics
Hemodialysis
Blood products
Antimicrobials
Artificial feeding and hydration

REASON(S) FOR RESUSCITATION STATUS:
Per patient request,
Start today (04/18/19), cont., stop after 1,000 days, renewable.
Read back verification: Yes, order read back to provider.

Cosigned: NPO except for tube feedings:
Start today (04/18/19), cont., stop after 90 days, renewable.
Read back verification: Yes, order read back to provider.

Cosigned: Osmolite 1.2: tube type: Gastrostomy tube/ PEG.
Vol: 330 ml/feed rate: bolus
Start today (04/18/19), q6h, (00 6 12 18), stop after 90 days, renewable.
Read back verification: Yes, order read back to provider.

Cosigned: water: per feeding tube liq, 65 mL,
Start 04/19/19 05:00, q4h, (1 5 9...21), stop after 539 exec, renewable.
Read back verification: Yes, order read back to provider.

Cosigned: water: per feeding tube liq, 65 mL,
Start today (04/18/19), x1, not renewable.
Read back verification: Yes, order read back to provider

Cosigned: GI consult: Michael Tindel MD (Kindred - Palm Beaches)

[Addendum by K Powell RN, 04/21/19 12:52]
Order acknowledged by K Powell RN at 04/21/19 12:51

Physician orders

[A Cho Pharmacist for CS Altus MD (telephone), 04/21/19 11:32]

acetaminophen, PO tab,650 mg,
Start today (04/21/19), q6h, prn fever, temp > 101.5, mild pain, stop after 45 days, renewable.
Read back verification: No, consult

Record note

[Addendum by K Powell RN, 04/21/19 12:52]
Order acknowledged by K Powell RN at 04/21/19 12:51

Physician orders

[I Desormes CCC-SLP for CS Altus MD (telephone), 04/21/19 11:17]

pharmacy consult: for recommendations on Please transition medications to po at this time. Pt passed swallow eval
Start today (04/21/19), x1, not renewable.
Read back verification: Yes, order read back to provider.

Record note

[Addendum by K Powell RN, 04/21/19 12:52]
Order acknowledged by K Powell RN at 04/21/19 12:51

Physician orders

[K Powell RN for CS Altus MD (telephone), 04/21/19 11:06]

General diet:
Food consistency: minced & moist (level 5)
Liquid consistency: thin liquids
Portion size: standard
Start today (04/21/19), cont., stop after 90 days, renewable.
Read back verification: Yes, order read back to provider.

Record note

[Addendum by K Powell RN, 04/21/19 11:12]
Order acknowledged by K Powell RN at 04/21/19 11:12

Physician orders

[I Desormes CCC-SLP for CS Altus MD (telephone), 04/21/19 09:07]

Swallowing study bedside:
Start 04/21/19 09:07, x1, not renewable.
Read back verification: Yes, order read back to provider.

Record note

[Addendum by K Powell RN, 04/21/19 11:05]
Order acknowledged by K Powell RN at 04/21/19 11:05

Physician orders

[A Cho Pharmacist for MR Roger (telephone), 04/21/19 08:50]

Discontinue order:
sulfamethoxazole 800mg/trimethoprim 160mg DS: per feeding tube tab, 1 tab,
3/wk, (Mo We Fr @ 09), start 04/19/19 09:00, stop after 7 days, not

[M Tindel MD, 04/23/19 17:47]

Record note

[Addendum by L Whitmore RN, 04/23/19 17:56]
Order acknowledged by L Whitmore RN at 04/23/19 17:56

Physician orders

[M Tindel MD, 04/23/19 17:47]

Sedimentation Rate:
Start 04/24/19 06:00, x1, not renewable, ancil dept to draw.

Record note

[Addendum by L Whitmore RN, 04/23/19 17:56]
Order acknowledged by L Whitmore RN at 04/23/19 17:56

Physician orders

[I Desormes CCC-SLP for DN Daria MD (telephone), 04/23/19 17:34]

Modified barium,
Start 04/23/19 17:34, x1, not renewable.
Read back verification: Yes, order read back to provider.

Record note

[Addendum by L Whitmore RN, 04/23/19 17:46]
Order acknowledged by L Whitmore RN at 04/23/19 17:46

Physician orders

[I Desormes CCC-SLP for DN Daria MD (telephone), 04/23/19 17:34]

Barium sulfate, PO susp, 355 ml,
TO BE MIXED AND ADMINISTERED BY SPEECH LANGUAGE PATHOLOGIST, PICK UP FROM PHARMACY
Start today (04/23/19), x1, not renewable.
Read back verification: Yes, order read back to provider.

Record note

[Addendum by L Whitmore RN, 04/23/19 17:46]
Order acknowledged by L Whitmore RN at 04/23/19 17:46

Physician orders

[I Desormes CCC-SLP for DN Daria MD (telephone), 04/23/19 17:34]

Swallow Function w/ Videorad.
R/o aspiration
Start today (04/23/19), x1, not renewable.
Read back verification: Yes, order read back to provider.

Record note

[Addendum by L Whitmore RN, 04/23/19 17:46]
Order acknowledged by L Whitmore RN at 04/23/19 17:46

Physician orders

[L Whitmore RN for DN Daria MD (telephone), 04/23/19 16:01]

Discontinue order:
Gastric residual,
Per MED/SURG MNT ProtocolIf GRV <250ml return aspirate to pt and continue TF. If GRV >250ml hold TF for 2HRS, if GRV <250ml restart TF If after TF held for 2HRS GRV >250ml, STOP TF and CALL MD.***
Q8h, (6 14 22), start 04/19/19 14:00, stop after 50 days, renewable.
Read back verification: Yes, order read back to provider.

Physician orders

[DN Daria MD, 04/23/19 17:54]

TO BE MIXED AND ADMINISTERED BY SPEECH LANGUAGE PATHOLOGIST, PICK UP FROM PHARMACY
Start today (04/23/19), x1, not renewable.
Read back verification: Yes, order read back to provider.

Cosigned: Swallow Function w/ Videorad.
R/o aspiration
Start today (04/23/19), x1, not renewable.
Read back verification: Yes, order read back to provider.

[M Tindel MD, 04/23/19 17:47]

Hepatitis Profile:
Start 04/24/19 06:00, x1, not renewable, ancil dept to draw.

Record note

[Addendum by L Whitmore RN, 04/23/19 17:56]
Order acknowledged by L Whitmore RN at 04/23/19 17:56

Physician orders

[M Tindel MD, 04/23/19 17:47]

Discontinue order: pantoprazole sodium enteric coated (Protonix): PO tab,40 mg,
Start 04/22/19 09:00, daily, (9), stop after 30 days, renewable.
Read back verification: No, po

Record note

[Addendum by L Whitmore RN, 04/23/19 17:56]
Order acknowledged by L Whitmore RN at 04/23/19 17:56

Physician orders

[M Tindel MD, 04/23/19 17:47]

pantoprazole sodium enteric coated, PO tab,40 mg,
Start 04/23/19 18:00, bid, (9 18), stop after 30 days, renewable.

Record note

[Addendum by L Whitmore RN, 04/23/19 17:56]
Order acknowledged by L Whitmore RN at 04/23/19 17:56

Physician orders

[M Tindel MD, 04/23/19 17:47]

Abdomen & Pelvis w/o Cont CT:
Abdominal pain and liver mass
Start today (04/23/19), x1, not renewable.

Record note

[Addendum by L Whitmore RN, 04/23/19 17:56]
Order acknowledged by L Whitmore RN at 04/23/19 17:56

Physician orders

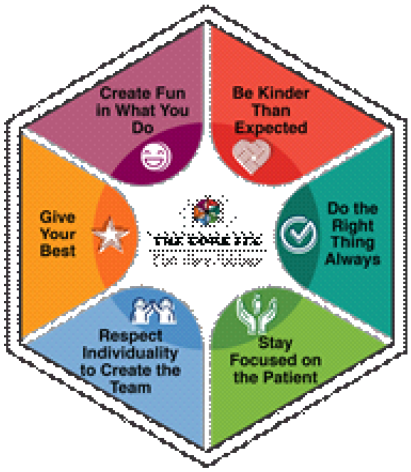
[M Tindel MD, 04/23/19 17:47]

ANA Titer w/ Interpretation:
Start 04/24/19 06:00, x1, not renewable, ancil dept to draw.

Prince, Elizabeth <Elizabeth.Prince@kindred.com>
Sent: Tuesday, May 21, 2019 3:51 PM
To: zzzz Feedback, MQA_ConsumerServices (MQA_CSU) <MQA.ConsumerServices@flhealth.gov>
Subject: SLP State Board Complaint

Elizabeth Prince, MS, PT

Program Director of Rehabilitation
Kindred Hospital of the Palm Beaches
5555 Blue Heron Blvd.
Riviera Beach, FL 3341
Direct (561) 904-8924
Email:Elizabeth.Prince@kindred.com
www.khthepalmbeaches.com



Kindred Hospital Rehabilitation Services

Dedicated to Hope, Healing and Recover

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May 29, 2019

CONFIDENTIAL TO:
MS. INGRID RENEE DESORMES
410 EVERNIA ST. APT# 520
WEST PALM BEACH, FL 33401

Case Number: 201918844

Dear Ms. Ingrid Renee Desormes:

We are currently investigating the enclosed documents received by the Department of Health. This investigation was initiated after it was determined that you may have violated the Practice Act as a Speech-language Pathologist.

Within **20 days** of receiving this letter, you may:

- submit a **written response** to the address below; **or**
- call our office to schedule an **interview**.

Please provide a copy of your **curriculum vitae** and identify your **specialty** even if you choose not to submit a response. Include the above-referenced case number in any correspondence that you send.

Florida law requires that this case and all investigative information remain confidential until 10 days after the Probable Cause Panel has determined that a violation occurred or you give up the right to confidentiality. Therefore, the contents of the investigation cannot be disclosed to you or the general public. You may make a written request for a copy of the investigative file and it will be sent to you when the investigation is complete.

You are not required to answer any questions or give any statement, and you have the right to be represented by an attorney. It is not possible to estimate how long it will take to complete this investigation because the circumstances of each investigation differ.

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through intregrated state, county and community efforts. If you have any questions please call us at **561-741-4583.**

Sincerely,

Ex#2

Lubomyr "Lou" Kulynych
Investigator

Enclosure: Case Summary, and documents

CONFIDENTIAL AND EXEMPT MATERIALS

One or more pages have been removed from this document for security reasons

Scroll down to see the available pages or advance to the next document if all pages have been removed.

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

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STATE OF FLORIDA
DEPARTMENT OF HEALTH

SUBPOENA DUCES TECUM

Case No. **201918844**

TO: RECORDS CUSTODIAN
KINDRED HOSPITAL OF THE PALM BEACHES
5555 BLUE HERON BLVD
WEST PALM BEACH, FL 33401

SUBPOENA NO. A 0112286

YOU ARE HEREBY COMMANDED to produce for inspection and copying at the DOH WPB Investigative Services Unit located at 900 S. US Highway One, Suite 207 in Jupiter, Florida on **August 14, 2019** at **12:00 P.M.**, for the Department of Health the following:

Personnel records for **INGRID RENEE DESORMES** [redacted] which shall include, but not be limited to, **applications, all disciplinary actions/ full investigative reports, discharge documentation and any documents relating to the incident reported.** These records should include those accumulated from **INGRID RENEE DESORMES'** inception of employment to the current date. Please include Kindred Hospital's Policy and Procedure regarding Physician's Orders, Ordering Medications, review of Medication Orders.

This subpoena is issued pursuant to Section 456.071, Florida Statutes. This subpoena is supported by affidavit which is available upon request. These records may be copied for use in other related investigations initiated as a result of our review/analysis of this incident.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), authorizes a covered entity to disclose protected health information without the written authorization of an individual, or without the opportunity for an individual to agree or object, when such disclosure is to a health oversight agency for oversight activities authorized by law. The Department of Health, Division of Medical Quality Assurance, is an agency of the State of Florida, authorized by Florida Statutes to oversee the healthcare system.

In lieu of producing these records for inspection and copying as described above, you may choose to comply with this subpoena by mailing a copy of these records to the below identified investigator with the attached verification fully executed by the above date. The Department will reimburse actual copying or reproduction costs, not to exceed the following limits: Hard copies at $1.00 per written page for the first 25 pages and $.25 per written page thereafter; X-Rays or other photographs or images at $10.00 per x-ray or image; Electronic records from scanning, digital imaging, or other digital format at $10.00 per filled CD Rom, DVD or other storage media.

YOU SHALL RESPOND to this subpoena as directed unless excused by the party who requested issuance of the subpoena or by order of the Department of Health.

Issued this 7th day of August 2019

THIS SUBPOENA HAS BEEN ISSUED UPON
THE REQUEST OF:

NAME: LUBOMYR KULYNYCH, INVESTIGATOR
ADDRESS: 900 S. U.S. HIGHWAY ONE, SUITE 207
JUPITER, FL 33477
PHONE: (561) 741-4583

Scott A. Rivkees, MD
State Surgeon General
Department of Health

DEPARTMENT OF HEALTH SEAL FLORIDA

Ex#6

By: _____
Signature Delegate
OFFICE ISSUANCE NO. CHWI-916-19

INV FORM 354-J

ANY PERSON FAILING TO APPEAR IN ACCORDANCE WITH THIS SUBPOENA MAY BE SUBJECT TO A PETITION FOR ENFORCEMENT BY WHICH THE DEPARTMENT MAY SEEK A FINE OF UP TO $1,000 AND OTHER RELIEF AS SET FORTH IN SECTION 120.69, FLORIDA STATUTES.

Received this subpoena on 8/8, 20 19, at 2 o'clock P .M.,

and served the same on 8/8, 20 19, at 8 o'clock A .M.

by delivering a true copy thereto:

CAVINA H.

RETURN IF SERVED BY SHERIFF

DATE _____, 20____. By _____

Sheriff of _____ County, Florida.

By: _____

Deputy Sheriff

RETURN IF SERVED BY OTHER QUALIFIED PERSON

Date 8/8, 20 19. By: _____

Before me, personally appeared LUBOMYR KULYNYCH

Whose identity is known to me by Personal Knowledge

_____ (type of identification)

and who, under oath, acknowledges that his/her signature appears above.

Sworn to or affirmed by Respondent before me this 9th day of August, 20 19.

Notary Public

GERARD J. GILROY

Type Name

GERARD J. GILROY
Commission # GG 125897
Expires July 21, 2021
Bonded Thru Troy Fain Insurance 800-385-7019

NOTE: AFFIDAVIT REQUIRED ONLY IF SERVICE IS MADE BY A PERSON OTHER THAN A SHERIFF OR DEPUTY SHERIFF.

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

AFFIDAVIT FOR SUBPOENA

FIELD OFFICE: **WPB / Jupiter Investigative Services Unit** CASE NUMBER: **201918844**

- ☐ The Department is reviewing a report of a closed civil claim filed pursuant to Section 627.912, F.S.
- ☒ The Department is reviewing an incident report filed by a hospital or ambulatory surgical center pursuant to Section 395.0197, F.S.
- ☐ The Department is reviewing an incident report filed by a nursing home pursuant to Section 400.147(12), F.S., or by an assisted living facility pursuant to Section, 429.23(8)F.S.
- ☐ The Department is reviewing a report of discipline by a peer review organization pursuant to Section 395.0193, 458.337 or 459.016, F.S.
- ☐ The Department is initiating an investigation, investigating a complaint, or conducting a preliminary inquiry pursuant to Section 456.073,F.S.
- ☐ The Department is initiating an investigation, investigating a complaint, or conducting a preliminary inquiry pursuant to Section 468.3101(1), F.S., Radiologic Personnel.
- ☐ The Department is reviewing a report of a birth-related neurological injury filed pursuant to section 766.305, or a civil malpractice suit pursuant to Section 766.106(2), F.S.

1. This investigation/claim/report/complaint against or involving **INGRID RENEE DESORMES**, Speech-language Pathologist alleges SS 456.072 (1)(a)(b)(k)(l)(m)(o)(dd) and 468.1295(1)(d)(w)(bb) F.S.Failing to perform statutory obligation, Violating any provision, practice below the acceptable level of care, making false report/making deceptive representations, practice beyond the scope.
2. The material or information being sought is all personnel records for **INGRID RENEE DESORMES (DOB 02/08/1984)** from KINDRED HOSPITAL OF PALM BEACHES.
3. This material or information is necessary to adequately review this matter, or to substantiate the allegations or show them to be unsubstantiated.
4. This Affiant feels that the recipient of this subpoena will be able to provide the material/information being requested because recipient is the custodian of records.

Name of Affiant: **LUBOMYR KULYNYCH**

Date Requested: **08/07/2019**

Signature of Affiant

Subpoena Issued No.: **A0112286**

STATE OF FLORIDA
COUNTY OF PALM BEACH

Before me, personally appeared LUBOMYR KULYNYCH, whose identity is known to me by PERSONALLY KNOWN and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _07th __ day of August 2019

Notary Public-State of Florida

Bonnie Summer
Type or Print Name

BONNIE SUMMER
Commission # GG 010344
Expires September 29, 2020
Bonded Thru Troy Fain Insurance 800-385-7019

My Commission Expires: _____

This affidavit has been reviewed as to sufficiency and approved by:

_____ on 8/7, 2019
Signature of Chief/Manager/Supervisor

Florida Department of Health
Division of Medical Quality Assurance
900 S.IS Highway 1, Suite 207 • Jupiter, FL 33477
PHONE: 561/741-4583 • FAX: 561/741-4581
FloridaHealth.gov
Inv Form 349

PHAB Accredited Health Department
Public Health Accreditation Board

Kindred Healthcare

Dedicated to Hope, Healing and Recovery

VIA FEDEX OVENIGHT DELIVERY

August 14, 2019

Lubomyr Kulynych
Department of Health
WPB Investigative Services Unit
900 S. US Highway One, Ste. 207
Jupiter, FL 33477

RECEIVED
AUG 15 2019
Dept. of Health-MQA/ISU/WPB

RE: Subpoena No. A0112285
Ingrid Renee Desmores

Dear Mr. Kulynych,

I am enclosing Kindred's response to your subpoena dated August 7, 2019, requesting documents for Ingrid Renee Desmores, along with a Certificate of Records. Please feel free to contact me if you have any questions at 502.596.7214 or robin.howe@kindred.com.

Sincerely,

Robin L. Howe

Robin L. Howe
Employment and Litigation Paralegal

/rlh

enclosures

Ex#7

680 S 4th Street • Louisville, Kentucky 40202
502.596.7300 • 800.648.6057 TDD/TTY

Certification of Records

I, Robin L. Howe, hereby certify to the best of my knowledge and belief, that each of the following is true regarding the records provided herewith:

1. It is part of my job responsibility as an Employment and Litigation Paralegal for Kindred Healthcare to respond to requests and subpoenas for personnel/payroll records regarding employees and former employees of Kindred Healthcare and its subsidiaries;

2. To the best of my knowledge, the records or information provided herewith regarding Ingrid Renee Desormes, were kept in the course of regularly conducted business activity; and,

3. It was the regular practice of the business activity to make the record.

Signed by: Robin L. Howe
Robin L. Howe
Employment and Litigation Paralegal

STATE OF KENTUCKY)
) ss:
COUNTY OF JEFFERSON)

Subscribed, sworn to and acknowledged before me by Robin L. Howe this 14th day of August, 2019.

My Commission Expires: July 31, 2023

Michele Jacobus
Notary Public, State at Large, KY

Notary No. 538968

Michele Jacobus
Notary Public, ID No. 538968
State at Large, Kentucky
My Commission Expires on ~~July 31, 2019~~
Exp. July 31, 2023

RehabCare

Performance Evaluation-Clinical

☐ Annual ● 90 Day ☐ Other (specify) ____

PLEASE REVIEW THE ATTACHED INSTRUCTIONS BEFORE COMPLETING:

Ingrid Desormes		SLP	08/09/2017
Team Member Name	Social Security #	Title	Hire Date

AREA	EVALUATION	SUMMARY STATEMENT REQUIRED (additional space on reverse side)
Professional/Leadership (Contribution to program development)	☐ Above Expectation ● At Expectation ☐ Below Expectation	Ingrid has adapted to a change in work environment. She has expressed that she is overwhelmed with the work pace and has required some PD intervention for planning and caseload management.
Clinical (Performance of assessment, treatment planning, therapeutic interventions)	☐ Above Expectation ● At Expectation ☐ Below Expectation	Ingrid has advanced her LTACH clinical skills as well as her trach/vent PMV skill set through self learning and mentoring Ingrid has assisted with on boarding of new hire SLP.
Interdisciplinary Team (Contribution to problem solving/productivity enhancement)	☐ Above Expectation ● At Expectation ☐ Below Expectation	Works well with RT, RN and physicians. Productivity has been above target.
Quality Management (Contribution to quality development)	☐ Above Expectation ● At Expectation ☐ Below Expectation	Completed all required training.
Achievement of Previously Stated Individual Goals	☐ Above Expectation ☐ At Expectation ☐ Below Expectation	n/a

Measurable/Objective Goals for the next 12 months and Plans for Achievement:

1. Maintain outcomes at 100% completion with data entry within 3 business days of DC.
2. Manage caseload with strong clinical decision making for priority and progression.
3. Maintain TCR 70%

Team Member Comments:

Policy on Ethical Conduct Reviewed ☑ **Competency/Skills Assessment Completed and Attached** ☑

11/7/17 — Completer Signature — Date

(Completed by ☐ PD/Supervisor, ☐ Self ☐ Other _____)

Ingrid Desormes 11/7/17 — Team Member Signature — Date

Program Director Signature — Date

INSTRUCTIONS

9/97, Logo update 9/06

Performance Evaluation-Clinical

RehabCare

● Annual ☐ 90 Day ☐ Other (specify) ____

PLEASE REVIEW THE ATTACHED INSTRUCTIONS BEFORE COMPLETING:

Ingrid Desormes

Team Member Name | Social Security # | Title | 08/09/2018 Hire Date

AREA	EVALUATION	SUMMARY STATEMENT REQUIRED (additional space on reverse side)
Professional/Leadership (Contribution to program development)	☐ Above Expectation ● At Expectation ☐ Below Expectation	Ingrid has built good relationships with the physicians. There is opportunity for improved professionalism in communication.
Clinical (Performance of assessment, treatment planning, therapeutic interventions)	● Above Expectation ☐ At Expectation ☐ Below Expectation	Ingrid has strong clinical skills and has managed a complex and varied caseload with good clinical outcomes. She has assisted with clinical training for other SLP in market.
Interdisciplinary Team (Contribution to problem solving/productivity enhancement)	☐ Above Expectation ● At Expectation ☐ Below Expectation	Ingrid works well with the physicians and nurses. She offers constructive suggestions to improving the flow of the department.
Quality Management (Contribution to quality development)	☐ Above Expectation ● At Expectation ☐ Below Expectation	Ingrid has completed all required competency and compliance training. She adheres to all hospital policies and follows all PPE requirements.
Achievement of Previously Stated Individual Goals	☐ Above Expectation ☐ At Expectation ☐ Below Expectation	

Measurable/Objective Goals for the next 12 months and Plans for Achievement:

1. Embrace and demonstrate values consistent with CORE values.
2. Maintain productivity at 100% or greater.
3. Maintain NOMS gains at or greater than 2.50.

Team Member Comments:

Policy on Ethical Conduct Reviewed ● **Competency/Skills Assessment Completed and Attached** ●

X

Completer Signature | Date

(Completed by ☒ PD/Supervisor, ☐ Self

☐ Other _____)

X Ingrid Desormes 8/28/18

Team Member Signature | Date

Program Director Signature | Date

Kindred Healthcare

(Press TAB or your mouse to maneuver between fields or lines. Do not press "Enter")

Performance Improvement Form

Employee name:Ingrid Desormes	Today's date5/3/2019
Department/facility:Kindred Hospital Palm Beaches	Date of hire:8/9/2017
Position:Speech Language Pathologist	Supervisor:Elizabeth Prince,PD

REASON FOR COUNSELING/CORRECTIVE ACTION:

Violation of Standards of Practice and Scope of Practice and Billing errors : Not following Policy on Physician Orders (policy 02.17) All therapists must have a physician's order before intiating the evaluation and treatment of a patient. Ingrid performed bedside swallow evaluation and treatment on a patient on 4/21 without prior authorization from the attending physician. She claimed that she called the medical director for orders for evaluation in which the medical director denied having conversation with her. She also put the orders under the pulmonologist who also denied giving such orders.
This was substantiated on 5/1/2019 after a compliance investigation . As a result of the investigation, billing for bedside swallow evaluation and swallowing treatment was disallowed.

HAS THIS CONCERN BEEN PREVIOUSLY DISCUSSED WITH THE EMPLOYEE? LIST ANY PREVIOUS COUNSELING SESSIONS/CORRECTIVE ACTIONS:

No

EXPECTED LEVEL OF PERFORMANCE:

Ingrid must follow all policies and procedures at all times which is not limited to Policy on Physician Orders

COUNSELING/ CORRECTIVE ACTION (Please mark with "X")

- ☐ Verbal counseling
- ☐ Written warning
- ☐ Final written warning
- ☒ Discharge
- ☐ Extension of orientation period
- ☐ Demotion
- ☐ Suspension
- ☐ Other

Revised 6/2007

CORRECTIVE ACTION PLAN:
N/A

TIME FRAME FOR IMPROVEMENT:
.

FOLLOW-UP REVIEW DATE:

It is essential that immediate steps are taken to improve and maintain performance to the required level. If demonstrated material improvement is not made during this time frame, or if performance deteriorates during or after this time, further action, up to and including discharge, may be taken before the end of this time period or after this time period.

EMPLOYEE COMMENTS: (Attach a separate sheet if necessary)

Has employee been reminded of the Open Door Policy	☒ Yes	☐ No

Signatures

Supervisor 5/3/09 Date

Department Head 5/3/09 Date

I have been provided a copy of this form and a full opportunity to discuss it with my supervisor. I have read and fully understand the information provided above. I understand that my signature indicates acknowledgment of having been counseled and/or warned and does not necessarily indicate agreement with my supervisor's statement.

Witness (if employee refuses to sign) Date

Employee Date

PLACE FORM IN EMPLOYEE'S PERSONNEL FILE

Revised 6/2007

** *Protected Health Information (that is, identifiable information about patients, including name alone) must not be included on the Performance Improvement Form.*

Revised 6/2007

From: Espino, Rosalie
To: Johnson, Gail R.
Subject: FW: [EXTERNAL] Resignation
Date: Monday, May 06, 2019 7:33:34 AM

Here is the letter Gail. Thanks

-----Original Message-----
From: Prince, Elizabeth
Sent: Friday, May 3, 2019 8:33 AM
To: Espino, Rosalie <Rosalie.Espino@rehabcare.com>
Subject: FW: [EXTERNAL] Resignation

So, now what do we do?

Elizabeth

-----Original Message-----
From: Ingrid Desormes [mailto:idesormes.slp@gmail.com]
Sent: Friday, May 03, 2019 5:07 AM
To: Prince, Elizabeth
Subject: [EXTERNAL] Resignation

Elizabeth and Rosalie,
For the last 7 days I've been suspended without pay and without a concrete reason except to say it's due to investigation regarding the particular patient that Dr. Nadar Daria feels I compromised. I have never in all the time I've been at Kindred felt that I compromised a patient. This has never been an issue in my past and I can't imagine that my competency has diminished since I started there. I do feel that ultimately though, I have some legitimate concerns subsequent to this investigation that has lead me to this decision.

1. I definitely feel my admission of requesting an order from a physician who did not have an order placed under his name has left me vulnerable. Even if he acknowledged the order, if there is a denial of this order, It would be problematic without further 'proof'. That leaves every single person who puts in an order without the actual verbal ok in a very precarious position (nursing, dietitian, pharmacy) since they are the ones to actually place the order on behalf of the physicians based on my recommendations.
2. There is an acknowledged order within this patient's chart for the bedside assessment that I provided, but I've already admitted that this was not the physician I received the order from. Technically this should still support my intervention because in the real world, verbal orders are not always 'verbal' as doctors do not return calls or desire being called for every single order that is placed for their patients. It's a challenge across all disciplines within a hospital working for a physician. Some orders are just placed on faith, but if something happens and that physician denies the order, you have no leg to stand on and ultimately you are compromised. This is the culture of all settings. I know after the years I've worked that the ideal 'you need a verbal order' is not the reality and unfortunately, we risk ourselves every day placing verbal orders because physicians do not want to be bothered. It's the rock and hard place that makes me feel as though some policy should be in place to either make physicians accountable for acknowledging orders, or accept the fact that they will be called repeatedly to get verbal orders. This ambiguous land that we are all living and working in to improve patients lives on faith that doctors will support if something goes wrong is idealistic and clearly not what actually happens. And for speech, it's the most problematic as there is frequent finger pointing in this area as though we make people aspirate. We do our best to mitigate risk, but go on the floors and see the real experience (no thickener packets opened, patients in inappropriate positions, pt's being fed half awake, residue in mouths after the fact). It's all a risk, but we as SLPs do our best through intervention to keep people safe.
3. I did not feel supported AT ALL throughout this process. Doctors and nurses alike think they are competent in determining aspiration, but even I can't say that I know that and I'm the one evaluating it. I can do video after video, but really, treatment is how you manage and reduce risk because it deals with the poor positioning or change in mental status s/p medications or acute medical change that requires further review. It's then that you see endurance

and safety and overall standing. Unfortunately, this patient was deprived of that because of the allegations made against me that caused for my suspension. Treatment is really about giving the patient full meals and being closely monitored across time. It's the heart and soul of maintaining a persons safety with po intake. Not the video, and not the bedside. Treatment. Chart reviews with physician consultation. Active involvement across time and across every circumstance. Now is this a guarantee that aspiration will not occur- no. But with an oriented patient of 34 yrs old, she is allowed to be educated on those risks and make a choice for herself. Unfortunately, I was the only one to discuss her desires and I was the only one to advocate for them. I tried to optimize her safety and have an instrumental that supported my bedside diagnosis of not aspirating with intake at that time. But again- that's a moot point because the doctor believes in his expertise in the matter. And with chest x-rays that would suggest infiltrates subsequent to eating- of course it must be what the doctor says, rather than just a compromised patient in a hospital setting with the high likelihood of recurrence like most of the patients in that setting. It very well may be, but it wasn't a risk when I treated her and when I did that video. Whatever has happened since, I cannot tell you- but I at least know that.

Ultimately, I was the only person placed on suspension over a physician's 'concerns' about his patient when really it was about him being upset that I went to another physician. There is no policy stating I can't do that. There is no policy stating that an acknowledgement of an order is not suffice to support intervention. And there is nothing that can be reconciled in this situation. My expertise was questioned. My ability to provide the care I anticipated the patient needed was restricted. And my trust in my superiors was shattered.

So it is my decision at this time, to resign effective immediately. I feel it makes sense for me, as I am a passionate clinician who has won over every doctor except for one, to bow out. This unfortunate doctor is known for his lack of competency, compassion, and willingness to listen to anyone. He was not suspended. He continues to be the doctor for this patient and others at kindred. No consequences have come to him despite the way he charts- writes orders- or expresses himself to other professionals. Ultimately, MDs win every time because they are supposed to have the expertise and we should be guided by their decisions. But in this case, he was not the expert and he was not competent in her deficits- only that 'she failed'. And as much as I wanted to fight for this patient and do everything I possibly could to ensure she was getting the treatment she deserved, I don't need to fight for myself in that same way in this situation. I know that I could've facilitated her ability to eat safely if I had been allowed to do so rather than be told not to waste my time, or to subsequently be told I'm suspended halting her much needed care. Dr. Daria doesn't know that or care. He never respected my expertise or his patient's desire to be able to eat and there was no way to convince him of that no matter who spoke with him. So that's why we are here.

I appreciate everything I learned from kindred, but I walk away feeling like I was unsupported, mistreated, and essentially questioned regarding my ability to safely treat a 34 yr old woman with a hx of lupus as her biggest barrier. Meanwhile I had a trached vented pulmonary complex patient who is paralyzed from the neck down talking through a partially deflated cuff eating without anyone batting an eyelash. The irony.

I will not be attending the call today. I will just collect my things and I hope to have a copy of my employee file for my records that is at Kindred.

Ingrid

Compliance Investigation Template

Kindred Healthcare

BASIC INFORMATION

Compliance Tracking Number: 2019-1336

Date Received: 4/26/19

(Investigation resent on 5/1/19 with additional topic to investigate.)

Author of Report: Gail R. Johnson

Investigator(s): Gail R. Johnson, Elayne Lopreato

Location: Kindred Hospital - The Palm Beaches, 5555 W. Blue Heron Blvd, Riviera Beach, FL 33418

Status of Report (Draft or Final): Final

Summary of information as provided in Compliance Tracker: The following email was received from Rosalie Espino, ADO, on 4/25/19:

I had a call from the Program Director Elizabeth Prince in the Palm Beaches about a patient who was transferred to ICU. The patient had a bedside swallowing order from Dr. Craig Alter and SLP executed that order. Apparently attending physician Dr. Daria had said to the SLP Ingrid Desormes not to see the patient but SLP went ahead and get an MD order from the Medical Director Dr. Munim who agreed to have bedside swallow evaluation. Patient was picked up on the caseload by SLP and planned on doing MBSS on 4/23 which was cosigned by Dr. Daria, attending physician. Patient passed the MBSS and was cleared for a diet. Patient had a change of condition 4/24 with a blood sugar of 46. Patient was then transferred to ICU on 4/24. CEO wants to suspend employee pending investigation. I spoke with Shelly Peek who referred me to talk to Mary Beth Froelich for guidance. Mary Beth recommended to call or email compliance for further investigation and suspend employee pending investigation. Employee Ingrid Desormes was suspended around 317 PM today.

PRIVILEGE

Is this investigation being conducted under attorney-client privilege? No
If yes, have you obtained a letter from the attorney advising you to initiate an investigation at their direction? n/a
If yes, have you marked your documents with "Privileged and Confidential, Attorney-Client Communication & Attorney Work Product? n/a
If yes, has the attorney approved the investigation plan? n/a

ISSUES

Concisely and clearly identify the issue(s) to be addressed in your investigation. Issues should be factual and not conclusory. These issues should match your investigative plan, unless your issues change during the course of your investigation.

Quality of Care – Care Complaints

Determine if Ingrid Desormes, SLP, followed regulatory guidelines and RehabCare policies on obtaining physician's orders for Speech Therapy services and determine if Speech Pathology standards of practices were followed regarding clinical decision-making for diet advancement.

Business/Financial - Billing Errors

Determine if Ingrid Desormes, SLP, followed RehabCare policy and regulatory guidelines in obtaining a physician's order for services prior to the services being performed and billed.

INVESTIGATION PLAN

Confirm if the investigation be conducted under privilege before beginning. Determine objectives to be accomplished. Determine the need to conduct interviews and how they will be conducted. Determine the scope of the investigation and what research will be conducted. Identify all key personnel. Consider what documentation will be reviewed. Consider whether an employee needs to be suspended pending investigation.

This investigative plan must be approved by your reporting senior (or attorney, if under privilege) before you begin.

Objective: Determine if Ingrid Desormes, SLP, followed regulatory guidelines and RehabCare policies on obtaining physician's orders for Speech Therapy services and determine if Speech Pathology standards of practices were followed regarding clinical decision-making for diet advancement.

1. FDC to review hotline call summary, identify issues to be investigated and develop investigation plan.
2. FDC to check the facility, Kindred Hospital – The Palm Beaches, in the KNECT Directory to determine operational leadership structure.
3. Submit plan for review by Marcia Mikich, Division Vice President Compliance, and consult as needed regarding investigation plan and objectives. Discuss any modifications to the plan deemed necessary.
4. FDC to interview Rosalie Espino, Area Director Operations (ADO) and Elizabeth Prince, Program Director (PD), to obtain additional information regarding the reported compliance issue, including:
    a. Obtain patient name and date of concern.
    b. Inquire of any prior knowledge of reported compliance issue.
    c. Discuss any prior performance concerns identified and addressed for Ingrid Desormes, SLP, and obtain copies of any previous performance improvement plan. Consult with HR Manager as indicated on any previous improvement plans.
    d. Obtain practice standards regarding patient screening and obtaining/transcribing physician's orders.
5. FDC to obtain and review physician's orders regarding Speech-Language Pathology services for [redacted], patient.
6. FDC to obtain and review Speech-Language Pathology notes in the EMR for [redacted] from admission to current date.
7. FDC to interview the following Kindred employees:
    a. Dr. Daniel Daria
    b. Dr. Anjad Munim
    c. Any other staff members who may have firsthand knowledge of reported compliance issue.
8. FDC to review the following policies, procedures and regulations and apply them to the facts of the investigation:
    a. POL: 02.17 Physician Orders
        i. All therapists must have a physician's order before initiating:
            1. The evaluation of the patient
            2. Treatment of the patient
        ii. Speech-Language Pathologists or occupational therapists providing dysphagia services must obtain physician orders to upgraded or downgraded diet textures throughout the course of skilled care.
    b. State Practice Acts: FL Speech-Language Pathology
9. FDC to interview Ingrid Desormes, SLP, to obtain her response to the allegation, including prior training on billing policies and regulations.
10. FDC to consult with Elayne Lopreato, co-investigator, regarding the outcome of the investigation.
11. FDC to consult with supervisor and/or Human Resources Manager regarding the outcome of the investigation as needed.
12. FDC to review investigation findings with Operations and Human Resources upon the conclusion of the investigation.

RULES

Identify regulations, policies, procedures, etc. that may be responsive to the issues presented.

1. Compliance to review the following policies & procedures, including, but not limited to:
    a. LTACH POL: 02.17 Physician's Order
    b. Kindred Employee Handbook
    c. Kindred Code of Conduct

2. Compliance to review the following regulatory documents, including, but not limited to:
    a. State Practice Acts, Rules & Regulations

ANALYSIS

Part I: Summary of Investigative Steps

- List all documents reviewed and the dates you reviewed them
- List all witnesses interviewed, including date, location, length of interview, who was present and whether the witness was cooperative
- List all internal and external discussions relating to the investigation

Part II: Detailed Factual Summary

- Conduct an in-depth discussion of the facts and issues
- Apply the rules to the facts of the case and explain why a particular rule applies or does not apply in the issues presented

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Summary of Investigative Steps

4/26/19:

1. Call with Marcia Mikich, Division Vice President (DVP), to discuss reported compliance concern and investigation assignment.
2. Investigation assigned to FDC at 12:06 pm CST. Additional documents uploaded to IntegriTrack reviewed.
3. Telephone call with Elayne Lopreato, co-investigator, regarding investigation objectives and assignments.
    a. SMART Reports run and reviewed:
4. Speech Therapy Service Log – April MTD for [redacted], patient
5. Telephone interview with Rosalie Espino, Area Director of Operations (ADO). Interview completed 2:25 – 2:35 pm CST. Employee cooperative with interview.
6. Telephone interview completed with Dr. Danial Daria, attending physician, from 2:58 – 3:06 pm CST. Employee cooperative with interview.
7. Telephone interview with Elizabeth Prince, Program Director (PD), from 3:20 – 3:46 pm CST. Employee cooperative with interview. Requested EMR documents from Ms. Prince.
8. Received email from Elizabeth Prince with SLP notes and Physician's Orders.
9. Call to Ingrid Desormes, SLP, for interview at 4:20 pm CST. Voice message left requesting return call. Telephone interview completed from 4:30 – 5:01 pm CST.

4/29/19:

1. Reviewed documentation from the electronic medical record sent by Elizabeth Prince, PD:
    a. Speech-Language Pathology notes – [redacted]
    b. Physician's Orders – [redacted]
    c. Change of Condition Note from 4/24/19 – [redacted]
2. Call to Elizabeth Prince, PD, at 10:40 am to request additional documentation. Voice message left requesting return call.
3. Email to Elayne Lopreato, co-investigator, at 11:48 am CST with status update of investigation.
4. Email to Elizabeth Prince, PD, at 1:38 pm CST requesting return call.
5. Return call received from Elizabeth Prince, PD, at 1:42 pm CST. Additional documents requested and standard practice regarding writing consultation orders discussed.
6. RehabCare policies reviewed:
    a. Hospital Division H-MM-03-001 Ordering of Medication
    b. Hospital Division H-MM-03-006 Review of Medication Orders
    c. LTACH POL 02.17 Physician's Orders
7. Review documentation sent by Elizabeth Prince, PD,

a. Hospital Progress Notes for [redacted] – Cardiology, Pulmonology, Internal Medicine
b. Radiology Reports 4/19/19 – 4/29/19

8. Follow-up interview with Ingrid Desormes, SLP, from 3:35 – 3:58 pm CST. Employee cooperative with interview.
9. Call placed to Marcia Mikich, DVP, to discuss investigation findings at 4:02 pm CST. Follow-up email sent requesting return call due to full voicemail box.
10. Investigation review call with Marcia Mikich to discuss investigation findings.
11. Contacted co-investigator, Elayne Lopreato, to investigation findings. Call scheduled for 4/30/19.

4/30/19:

1. FDC returned call received from Ingrid Desormes, SLP, received 4/29/19 at 5:57 pm CST.
2. Contacted Shelly Peek, Human Resources Manager (HRM), and Rosalie Espino, ADO, to schedule time to discuss investigation findings.
3. Investigation review call with Elayne Lopreato at 1:13 pm CST.
4. Investigation review call with Shelly Peek, HRM, and Rosalie Espino, ADO.
5. Reviewed email from Elayne Lopreato regarding conversation with Dr. Munim.
6. Contacted Dr. Munim at 2:51 pm CST for telephone interview. Unable to leave voice message.
7. Reviewed Florida Speech-Language Pathology statutes.
8. Call placed to Dr. Munim at 4:21 pm CST. Return call received and telephone interview completed from 4:47 – 4:58 pm CST. Employee cooperative with interview.
9. Follow-up telephone interview with Ingrid Desormes, SLP, from 4:59 – 5:06 pm CST. Employee cooperative with interview.

5/1/19:

1. Investigation resent to investigator with new issue to be investigation: Business/Financial: Billing Error
2. Reviewed Florida Statutes:
   a. Chapter 456: Health Professions and Occupations: General Provisions
      i. Section 456.072 Grounds for discipline; penalties; enforcement -
3. Investigation review call with Elayne Lopreato, co-investigator; Rosalie Espino, ADO; and Shelly Peek, HRM. Corrective action plan discussed and agreed upon.
4. Disallowance recommendations sent to Kelly Winkelman, Adjustment Review Consultant.

5/3/19:

1. Call received from Rosalie Espino, ADO, regarding receipt of Ingrid Desormes's refusal to participate in Performance Improvement/Separation Call due to Ms. Desormes's voluntary resignation of her position effective immediately.
2. Received and reviewed Ingrid Desormes's letter of resignation via email sent to Elizabeth Prince, PD, on 5-3-19 at 5:07 am EST.

Detailed Factual Summary

On 4/25/19, Rosalie Espino, Area Director of Operations (ADO), contacted the Compliance Department via email with a concern brought to her attention by Elayne Lopreato, CEO at Kindred Hospital – The Palm Beaches detailing Dr. Danial Daria's report that Ingrid Desormes, Speech-Language Pathologist (SLP), provided Dysphagia Treatment to a patient without the attending physician's (Dr. Daria) consent and order. The investigation was assigned to Elayne Lopreato, CEO Kindred Hospital The Palm Beaches, and Gail Johnson, Field Director Compliance. Issues to be investigation include:

- Quality of Care: Care Complaints to be investigated by Gail Johnson, FDC
- Management and/or Human Resources: Employee Performance/Behavior to be investigated by Elayne Lopreato
- Business/Financial: Billing Errors (added 5/1/19) to be investigated by Gail Johnson, FDC

On 4/18/19, [redacted], a 34 year old female, was admitted to Kindred Hospital - The Palm Beaches from Kindred Hospital The Gardens under the care of Dr. Danial Daria, attending physician. Dr. Daria provided clinical oversight of [redacted] care as the attending physician at the acute care hospital, Kindred Hospital - The Gardens. [redacted] medical history included systemic lupus with respiratory failure, severe protein-calorie malnutrition and bilateral aspiration pneumonia. [redacted] received a Modified Barium Swallow Study (MBS) at Kindred Hospital The Gardens on 4/15/19 of which Dr. Daria reported that [redacted] "failed" the MBS and subsequently a PEG-tube was placed with orders for nothing by mouth due to high risk for aspiration and its related respiratory consequences.

On 4/19/19, Dr. Daria reported he spoke with Ingrid Desormes, SLP, regarding [redacted]s care during which time Ms. Desormes requested Speech Therapy orders to evaluate and treat [redacted]. Dr. Daria reported he instructed Ms. Desormes to "wait 10 days or so to see if she [redacted]) got stronger to address the medical issues she [redacted]) had." Ms. Desormes confirmed the conversation with Dr. Daria. When asked if Dr. Daria indicated Ms. Desormes could see the patient in the future for Speech Therapy, Ms. Desormes stated, "He said maybe in a week or two." Ms. Desormes and Dr. Daria corroborated Ms. Desormes's attempts to persuade Dr. Daria for a Speech Therapy evaluation order; however both stated that Dr. Daria refused to consent to a Speech Therapy evaluation order. Dr. Daria wrote a physician's order for NPO status and all nutrition via the PEG tube on 4/18/19.

It was noted that Ingrid Desormes's report of her conversation with Dr. Daria varied during multiple interviews with the investigator. On 4/26/19, Ms. Desormes stated that Dr. Daria told her that she could see [redacted] in Speech Therapy "maybe in a week or two." However, on 4/29/19, Ms. Desormes reported that Dr. Daria stated, "Not at all; don't waste your time" at her request for Speech Therapy orders for [redacted].

On Sunday, 4/21/19 at 9:07 am, an order for "Swallow Study Bedside" was entered into the electronic medical record by Ingrid Desormes, SLP, as a telephone order from Craig Altus, MD. Dr. Altus is a pulmonologist consulting on [redacted] care. The order stated, "Yes, order read back to provider" as a read back verification. Subsequent orders entered into the medical record on 4/19/19 were to advance [redacted] diet to a Level 5 oral diet (by K Powell RN at the recommendation of Ingrid Desormes, SLP) and a telephone order from Dr. Altus entered by Ingrid Desormes, SLP, for a "pharmacy consult: for recommendations on transition medications to PO at this time. Pt passed swallow eval."

On Tuesday, 4/23/19, Dr. Daria was approached by a consulting Gastroenterologist (name unknown) who inquired of removing [redacted] PEG-tube as [redacted] had "passed her swallow eval." Both Dr. Daria and Ms. Desormes confirmed Ms. Desormes was present during the conversation between Dr. Daria and the consulting Gastroenterologist, as the conversation occurred in a charting area of the nursing station. Dr. Daria reported he was unaware that [redacted] had been receiving oral nutrition and requested a video swallow study to assess for aspiration. On 4/23/19 a 17:34, Ingrid Desormes, SLP, entered a physician order into the medical record for

"Swallow Function w/Videorad" to "R/O aspiration." The order for "Swallow Function w/Videorad" was co-signed by Dr. Danial Daria on 4/23/19 at 17:54.

A Modified Barium Swallow Study was completed on [redacted] by Ingrid Desormes, SLP, on 4/24/19 at 8:52 am. Ms. Desormes documented reduced tongue base retraction, impaired epiglottic inversion, post swallow residue in the valleculae which cleared with liquid wash and multiple swallow. Ms. Desormes documented that no penetration or aspiration occurred during the swallow assessment. Ms. Desormes recommendations included a diet advancement to a Dysphagia Level 6 (soft bite) with thin liquids, ongoing Speech Therapy services, upright positioning at meals, and alternating liquids and solids.

On 4/24/19 at 12:00, [redacted] experienced a significant change in condition and "coded" due to hypoglycemia. [redacted] was transferred to the Intensive Care Unit at 12:12 on 4/24/19.

[redacted] has received multiple chest x-rays throughout her stay at Kindred Hospital The Palm Beaches that included (see document Radiology Reports – [redacted]):

- 4/19/19: no infiltrates in her lungs
- 4/23/19: left basilar infiltrate present, which may be related to aspiration of food/liquids
- 4/24/19: bilateral lower lobe infiltrates with pleural effusions
- 4/25/19: left lower lobe infiltrate improved but not cleared
- 4/28/19: no infiltrates
- 4/29/19: new acute pneumonia in left lower lobe (patient returned to NPO status)

Ingrid Desormes, SLP, was interviewed regarding the Speech Therapy services delivered to [redacted]. Ms. Desormes stated she screened [redacted] on 4/19/19 and determined that [redacted] would benefit from Speech Therapy intervention to advance her to an oral diet. Ms. Desormes reported she requested Speech Therapy orders from Dr. Daria on 4/19/19 and was told by Dr. Daria "to not waste your time" due to [redacted] "failing" two video swallow studies at Kindred Hospital The Gardens. Dr. Daria did not authorize a Swallow Assessment per Ms. Desormes. Ms. Desormes denied requesting assistance from her director supervisor, Elizabeth Prince, to obtain Speech Therapy evaluation and treatment orders.

On 4/21/19, Ms. Desormes reported that [redacted] expressed "a desire to want to eat." Ms. Desormes stated she "went to the Medical Director to get an order", stating "I already had a run in with the primary doctor and he's very hard to change his mind." Ms. Desormes stated she "got approval" for the Swallow assessment from Dr. Anjad Munim, Medical Director at Kindred Hospital The Palm Beaches. Ms. Desormes reported that she spoke with Dr. Munim on the phone on 4/21/19 (Easter Sunday) and then again in person on Monday, 4/22/19, at which time she expressed her concerns about Dr. Daria's "blocking this 34 year old's access to interventions."

Ms. Desormes reported that since [redacted] had an "intact sensory system", a history of coughing during the swallow during her illness, and the presence of a cough response, Ms. Desormes determined a bedside swallow assessment would be "okay" rather than requesting a Modified Barium Swallow assessment. Ms. Desormes initially reported to the investigator that she reviewed [redacted] video swallow results from Kindred Hospital The Gardens; however, upon further questioning, [redacted] reported that she reviewed a note in a consultant report that was "copy-pasted into the note" in reference to the need for "multiple swallows". A review of a Cardiology Progress Note from 4/17/19 indicated that on 4/15/19, [redacted] demonstrated penetration into the airway with multiple consistencies and the presence of post-swallow residue in the pharynx.

On 4/21/19, Ms. Desormes completed a bedside swallow assessment that included an oral mechanism exam, presentation of oral trials of solids, purees and thin liquids; and a vocal quality assessment and an assessment of a volition cough. Upon completion of the bedside swallow assessment, Ms. Desormes's recommendation included advancement to an oral diet with oral medications. When asked why she didn't take a more conservative approach in a patient with a history of a compromised respiratory system, Ms. Desormes stated, "there's always a scenario where you give them exercises or trial them" and that based on her clinical decision-making regarding the

etiology of the dysphagia, it was her opinion that if the medical condition that caused the dysphagia was resolved and then the dysphagia "typically recovers when the medical issue is resolved'.

On 4/23/19 at 17:40, Ms. Desormes contacted her supervisory, Elizabeth Prince, Program Director, via text message to report a "problem with Dr. Daria." Ms. Desormes reported that Dr. Daria was "upset" that Speech Therapy had intervened with [redacted] when he had stated he did not want the patient to attempt oral intake at that time. The text messages sent between Ingrid Desormes, SLP, and Elizabeth Prince, PD, stated (see documents "SLP Text 1" and "SLP Text 2"):

Desormes: *We are going to have a problem with Dr. Daria*
Prince: *Why?*
Desormes: *Cause of the young one; He is upset that I went to another doctor; I discussed it already with Dr Munim about it and he said its fine; Now it's drama*
Prince: *Oh well*
Desormes: *Pretty much; Can I call you? Nvm; I'll just figure it out in the morning*

Elizabeth Prince, Program Director (PD), denied any knowledge of Dr. Daria's concerns and directives expressed to Ingrid Desormes, SLP, on 4/19/19. Ingrid Desormes stated she did speak to Elizabeth Prince regarding her interaction with Dr. Daria on 4/19/19 but that "it didn't seem to be a big deal at the time." Ms. Desormes reported that she contacted Dr. Anjad Munim, Medical Director, on 4/21/19 for a bedside swallow order via phone and then spoke with Dr. Munim in person on 4/22/19 to discuss her concerns that Dr. Daria "was blocking this 34 year old's access to services". When asked why she didn't notify her supervisor of her concerns with Dr. Daria, Ms. Desormes reported that "because I had talked to Dr. Munim in other cases, so I didn't think it was something outside of policy or a violation of what's appropriate." When asked why the physician's order was entered under Dr. Craig Altus, Ingrid Desormes stated it was entered in error and should have been documented under Dr. Munim.

Dr. Anjad Munim, Medical Director at Kindred Hospital The Palm Beaches, was interviewed separately by Elayne Lopreato, co-investigator, and by Gail Johnson, co-investigator. Dr. Munim reported to Ms. Lopreato and to Ms. Johnson that he did not receive a phone call on 4/21/19 (Easter Sunday) from Ingrid Desormes, nor did he authorize Ms. Desormes to complete a bedside swallow assessment on [redacted]. Dr. Munim reported that he and Ms. Desormes had a conversation at the nurse's station during the week (date unknown per Dr. Munim) in which Ms. Desormes reported having a "problem" with one of the physicians and requesting Dr. Munim's assistance in "smoothing it over". Dr. Munim reiterated that he "didn't give the order" and that he would not "bypass a physician's order." Dr. Munim reported, "I didn't hear from her on the phone. I didn't give an order for the bedside. I do remember that she said she had to go around Dr. Daria to get the order."

On 4/26/19, Dr. Altus was interviewed by the co-investigator, Elayne Lopreato, CEO at Kindred Hospital – The Palm Beaches, at which time Dr. Altus denied giving a telephone order for the Swallow Study Bedside or change in NPO status, as written by Ingrid Desormes, SLP.

Kindred Hospital Rehabilitation Services Policy 02.17 Physician Orders states: *All therapists must have a physician order(s) before initiating:*

- *The evaluation of the patient;*
- *Significant changes to the treatment plan*
- *Continued treatment and/or reassessment of the patient following transfer to a higher level of care*

When receiving a physician order via phone or in person, the therapist "reads back" the order to the physician or NPP to ensure accuracy.

Dr. Anjad Munim, Dr. Craig Altus and Dr. Danial Daria all reported they did not provide a verbal or written order for a bedside swallow assessment on [redacted]. Ingrid Desormes, SLP, documented a verbal order from Dr. Craig Altus; however Ms. Desormes stated she entered the order under Dr. Altus in error as the order should have been entered under Dr. Munim.

By providing services without a physician's order and entering the order under the name of a physician who did not authorize the order, Ingrid Desormes failed to follow Kindred Hospital policy on Physician Orders. Additionally, Speech-Language Pathologists do not exhibit autonomous practice per regulatory and statutory guidelines, and must provide services under the guidance of a physician or NPP. By failing to obtain authorization for the bedside swallow assessment, Ms. Desormes failed to follow standards of practice as identified by the State of Florida and the American Speech-Language-Hearing Association. Therefore, the allegation that a billing error occurred due to services provided without physician oversight is substantiated. The services billed on 4/21/19 and 4/22/19 are disallowed. Services provided 4/24/19 and 4/25/19 are allowed due to a valid physician's verbal order received on 4/23/19 by Dr. Danial Daria for a video swallow study.

The Quality of Care allegation is substantiated due to failure to follow acceptable practices by Speech-Language Pathologists regarding obtaining a valid physician's order, and clinical decision-making regarding oral intake based on a consultant note of a modified barium swallow rather than obtaining the original report from Speech Therapy. Furthermore, due to the patient's history of aspiration pneumonia and a compromised respiratory system, a video swallow assessment rather a bedside swallow assessment would be a safer course of action for the patient. As a result, [redacted] risk for aspiration was increased due to history of post-swallow residue in the pharyngeal cavity which may lead to aspiration after the swallow.

The 2018 Florida Statutes, Chapter 456: Health Professions and Occupations; General Provisions; Section 56.072 Grounds for discipline; penalties; enforcement states that *"failing to report to the department any person who a license knows is in violation of this chapter"* is a disciplinary offense.

The investigation findings were reviewed with Elayne Lopreato, Co-Investigator; Rosalie Espino, Area Director of Operations (ADO); and Shelly Peek, Human Resources Manager (HRM). A corrective plan of action was discussed and agreed upon that included:

1. Billing adjustment of Speech Therapy services provided to [redacted] without a valid physician's order
2. Separate employment with Ingrid Desormes, Speech-Language Pathologist, due to failure to follow acceptable standards of practice and Hospital Rehab Services Policy 02.17 on obtaining a physician's order
3. Report Ingrid Desormes, SLP, to the Florida Speech-Language Pathology and Audiology Board for failure to follow standards of practice of providing services under the supervision of a physician.
4. Rehab Team Education on Policy 02.17 Physician Orders and Open Door Policy for bringing concerns to the Rehab Department Supervisor

On 5/3/19, the investigator was contacted by Rosalie Espino, ADO, stating that Ingrid Desormes, SLP, had cancelled her participation in an exit call with Operations and Human Resources, and Ms. Desormes had tendered her resignation effective immediately to Elizabeth Prince, PD, on 5/3/17 at 5:07 am EST.

Were witnesses interviewed notified that the investigation was confidential and should not be discussed with anyone else? Yes

If investigation is conducted under attorney-client privilege, were witnesses advised of their **Upjohn** ***rights prior to initiation of the interview?*** n/a

Conclusion

If there are HR issues, has HR been contacted prior to reaching a conclusion? If this investigation is under privilege, has the attorney been contacted prior to reaching a conclusion?

Issue 1: Quality of Care: Care Complaints

Substantiated for failure to follow standards of practice and state practice acts.

Issue 2: Business/Financial: Billing Errors

Substantiated for providing services without a physician's order

Corrective Action Taken

Date	*Action Item*	*Person Responsible*	*Date Completed*	*Date Verified*
5/3/19	Disallow Speech Therapy treatments billed in error for [redacted]: 4/21/19: 92610 – 44 minutes 4/22/19: 92526 – 42 minutes	ARC/FDC	5/2/19	5/10/19
5/3/19	Separate employment with Ingrid Desormes, SLP, due to violation of RehabCare Policy on Physician's Orders and Standards of Practice	ADO/HRM	Employee resigned position on 5/3/19	5/3/19
5/3/19	Report Ingrid Desormes, SLP, to the Florida Board of Speech-Language Pathology & Audiology due to standards of conduct violations	ADO	5/20/19	5/20/19
5/3/19	Rehab Team training on RehabCare Policy 02.17 Physician's Order and Open Door Policy for bringing concerns to PD	PD/ADO	5/17/19	5/31/19

Checklist

Issues Identified

Investigative Plan Completed and Reviewed by Supervisor

Review of Relevant Documentation Conducted

Interviews and Research Completed as Outlined in Investigative Plan

Analysis of Facts

Conclusion Reached

Corrective Action Completed and Supporting Documentation Attached

All appropriate documents, letters, templates, emails, etc. related to the investigation should be saved to Compliance Tracking. Interviews saved separately.

INTERVIEW SUMMARY

Date: 4/29/19
Start Time: 3:35pm CST

Begin the interview by reading the following statement: "The Compliance Department has been made aware of a concern and needs to gather additional information. You are to keep this interview confidential. Do not discuss it with others including supervisors. Please remember that Kindred has a no retaliation policy for reporting concerns."

***If under privilege,** begin by reading the following statement: "This interview is being conducted at the direction of the law department. You should not discuss this matter with anyone other than me or the lawyer directing the investigation. The information you provide is sensitive and disclosure is protected by the attorney-client privilege. The privilege over communications belongs solely to, and is controlled by, the Company. The Company may choose to waive this privilege and disclose what you say to a government agency or other third party."*

Interview Basics	
Resident Name (if applicable):	**Sex:**
Employee Interviewed: Ingrid Desormes	
Title: SLP	
Employed By: RehabCare	
Interview Conducted by phone	

Background Questions
How long has employee been in position? 1 ½ years
Who does the employee report to? Elizabeth Prince, PD

Interview Details

I have a few follow-up questions for you. First, did you do a Rehab Screen with [redacted] on 4/21?
Yes, I screened her on 4/19.

How did you become aware that [redacted] was requesting to eat?
I screen the patients when they are admitted to the hospital. I will do a chart review or go talk to the patient. That's when she mentioned it to me.

Would the screen have been done on Friday?
Yes.

And the order for the bedside swallow on the 21st was from Dr. Munum?
On the Sunday, yes.

Why wait until Easter Sunday to ask for an order?
Because when I asked Dr. Daria on Friday he said don't waste my time.

Do you typically write treatment clarification orders?
Yes. Like I do the plan of care. I don't know if it needs to be acknowledged.

The clarification order goes on the plan of care but isn't entered in the physician's orders?
That's correct.

You wrote an order on 4/21/19 for a Pharmacy Consult to transition to oral meds and an order for the upgrade to diet level 5. Which physician gave you those orders?
The PO transition? For the medications, I don't recall. But I did consult with dietician for all diet orders. I send the message or call the dietician and say hey, this patient needs a diet change. I don't put them in myself. I would have told the nurse and she would have followed-up.

(Investigator reviewed orders written by the employee on 4/21/19 including the Pharmacy Consult order).
Oh yeah, I do that after my swallow assessment. Because they want them on PO meds. That's usually the next step that I do. That's part of the process.

Did you get a verbal order from a physician for the consult?
No, I don't. I consider how they take their meds as part of the swallow assessment.

During your bedside swallow assessment, did you assess any texture similar to meds?
Any texture no? I do the assessment, consistently look at the function of the tongue, the lips. I don't normally test with a medication. I will determine if they can have them crushed or whole unless they have other issues.

What did you recommend for medications?
I think I documented a recommendation for whole. *(Investigator read bedside swallow recommendations to the employee).* Okay, no I didn't put a recommendation in my assessment.

When we talked on Friday you mentioned that you based your decisions on review of one of the video swallow results from acute care and your bedside assessment. You told me you review the results, but we have not been able to locate the video swallow results from acute care. Can you tell me where you found those results?
It was copy-pasted in one of the physician's notes; her needing to do multiple swallows.

The cardiologist's progress note from 4/17, the day before transfer, stated during the 4/15 swallow eval the patient penetrated the airway multiple times with multiple consistencies and that post-swallow residue was not cleared with subsequent swallows. Is that the record you reviewed?
Yes – probably. It was copy and pasted into the note. I was specifically looking in the records for the video swallow results.

Is that the report you found?
Yes.

Four days after that swallow assessment, when you spoke with Dr. Daria, he asked you to hold off on seeing the patient. Did he state that you couldn't see her at all or just not at that time?
He said not at all, don't waste your time. I said I could intervene but just do treatments. I was advocating for the patient to do treatments to progress her and he goes "No".

You billed Speech on 4/25, the day after Michelle's change in condition. Did you give her anything to eat during that visit?
She was already eating.

She was eating a meal?
Yes.

What time did you see her?
Its point of service so I capture the note while I'm seeing the patient. *(Investigator reviewed time stamp from treatment note with employee).* She would have had her lunch tray.

It looks like Dr. Daria made her NPO on 4/24/19 and discontinued her order for Level 6. Just to clarify, you didn't bring her anything to eat during your treatment on 4/25?
No, she already had something.

Do you recall what she was eating?
She had a tray. She didn't have a diet order? There was a diet order after my video. After that time, Dr. Daria wrote that the patient had passed. I had assumed the dietician had gotten the okay.

On 4/24, the order for Level 6 was discontinued and there were changes to her tube feeding orders.
Okay, I didn't know that, but no, I didn't bring a tray for her.

I have a couple of questions regarding how you came to your decisions for the treatment plan. You mentioned that the patient had an intact sensory system and that she coughed when having swallowing difficulty. Is that a correct understanding of your observations and discussion?
Yes.

Would you agree that just because someone coughs when they swallow doesn't necessarily mean that they are able to expectorate material from the lungs?
Yes, I do understand and agree with that.

The notes from acute care stated penetration and pharyngeal residue. Could you have done some pre-swallow activities, such as pharyngeal exercises, prior to initiating oral intake due to her compromised medical condition?
I mean, probably, there's always a scenario where you can give them exercises or trial them, whether or not there's an issue. Based on my clinical decision making regarding the etiology of the dysphagia, it usually doesn't come from nothing and it comes from another medical issue and typically recovers when that medical issue is resolved. It seemed more that the issue related to the underlying component than a true dysphagia; a stand-alone thing.

What impact do you think her compromised medical history played in the outcome?
To be perfectly honest, I don't know her from before, since I wasn't in the acute hospital. When she came to our facility, she was so clear, so capable, I thought she was on the other side of the deficits per se. I did consider it was a medially complex patient, and she was aware to not to push herself or go too far with eating, to take her time. And I do take it into consideration that these are a sick patients that's why the education was there that she was still in medially compromised state.

She developed new infiltrates on 4/24/19. Did she have any penetration during your video swallow?
No, she didn't have any penetration or aspiration.

Is there anything else you can tell me or anything you have thought of since we talked on Friday?
Not that I can think of.

Investigator thanked interviewee for her time, confirmed contact information if follow-up required and concluded the telephone interview.

Cell: 321-662-2156

Conclusion
Are you aware of any compliance-related concerns that we have not discussed today? n/a

Are you aware of how to report a compliance related concern? (Compliance Hotline 844-760-5835)
n/a

Thank You

Time Interviewed Ended: 3:58 pm CST

INTERVIEW SUMMARY

Date: 4/26/19
Start Time: 4:29 pm CST

Begin the interview by reading the following statement: "The Compliance Department has been made aware of a concern and needs to gather additional information. You are to keep this interview confidential. Do not discuss it with others including supervisors. Please remember that Kindred has a no retaliation policy for reporting concerns."

***If under privilege,** begin by reading the following statement: "This interview is being conducted at the direction of the law department. You should not discuss this matter with anyone other than me or the lawyer directing the investigation. The information you provide is sensitive and disclosure is protected by the attorney-client privilege. The privilege over communications belongs solely to, and is controlled by, the Company. The Company may choose to waive this privilege and disclose what you say to a government agency or other third party."*

Interview Basics	
Resident Name (if applicable):	**Sex:**
Employee Interviewed: Ingrid Desormes	
Title: SLP	
Employed By: RehabCare	
Interview Conducted by phone	

Background Questions
How long has employee been in position? 1 ½ years
Who does the employee report to? Elizabeth Prince, PD

Interview Details

How long have you been with RehabCare?
2 years give or take. I started in August, 2017.

How long have you been a practicing SLP?
10 years.

What work experiences have you had as an SLP?
All of them. I've worked in pediatric, outpatient, home health, adult home health, SNF, and some acute hospital and outpatients.

Did you do outpatients with adults or kids?
Adults and kids, and the same adults and kids for home health.

What is your understanding about why you have been placed on suspension?
I wasn't given a reason. I was told I was under investigation.

A concern has been raised regarding a patient by the name of [redacted]. What can you tell me about that patient?
Hang on one second. *(Employee put the phone on speaker.)*
She's a 34 year old female that was admitted to acute hospital with fever, coughing and choking on foods for two weeks in early portion of April. She went to Palm Beach Medical Center for intervention. She had two video

swallows completed at the hospital. I had a report for two of the swallow assessments. I saw in her case history a PEG was placed for her due to her considered a high aspiration risk and that she would need alternative nutrition.

How long has she been a patient at The Palm Beaches?
Admitted on April 18th, the Friday. (*Note: April 18th is correct admission date; however April 18th was a Thursday).*

When did you see her the first time?
I attempted to see her on the 18th. I asked Dr. Daria if I could see your patient and he said don't waste your time. He said that she had had two video swallows at the hospital and that she failed them. And I said that's what I do, that's my job, to help the patient's get stronger, and at that time he had said No. I did express that to my manager that Friday and it didn't seem to be a big deal at the time. On Sunday, the patient did voice a desire to want to eat. I went to the medical director to get an order. I had already had a run in with the primary doctor and he's very hard to change his mind. I got approval, I determined based on intact sensory system that a bedside swallow would be okay. My biggest issue of concern is that based on the results of the last study that showed didn't show aspiration just residue in the pharynx. They did indicate that compensatory strategies were utilized and she cleared the residue. She said when she had trouble at baseline she said that she was coughing on everything, so I thought it would be okay to proceed with an oral diet as she wasn't doing any coughing and had an intact sensory system. I placed her on a conservative diet and if she had any issues I would revisit the next day.

What diet did you put her on?
Minced moist, Level 5, with thin liquids.

You said you reviewed both video reports?
Just the results of the 2nd one, and it didn't show aspiration.

Dr. Daria is [redacted] attending physician, correct?
Yes.

What day did you talk to him?
I talked to him Friday, when I attempted to originally see the patient.

He indicated that he didn't want you to see the patient?
Correct.

Did he indicate that maybe you could see the patient eventually?
He said maybe in a week or two.

What was his reasoning?
He did not explain it to me.

I understand you reached out to Dr. Munum about ordering a bedside swallow assessment. Tell me about that conversation.
I had one in more in detail the following day. I just asked him for orders on Sunday. The following day I spoke with him about my concerns; about Dr. Daria blocking this 34 year old's access to interventions. I expressed to him that he would be upset that I had to go around him when I saw him face to face.

Was Dr. Munum involved in [redacted] care?
No, he was not.

Did you tell Dr. Munum that Dr. Daria wanted the patient NPO?
No, I did not.

Did you share Dr. Daria's concerns with Dr. Munum?
Yes, I told him that Dr. Daria had stated that the patient had failed the video swallow. I expressed that I was concerned that he didn't really read in detail and wasn't fully understanding that the 2nd video didn't show aspiration and that I was concerned that he was blocking her ability to get interventions for her dysphagia.

The order for a bedside swallow was written under Dr. Alter. Did you talk with Dr. Alter regarding the swallow assessment?
It was put under Dr. Alter but after that I realized that I put the order in erroneously. I explained that after I reviewed the case after the fact. I don't know how to correct orders that are entered in error. Dr. Alter's wasn't involved in any of it. He's the Pulmonologist on the case.

Why did you go to Dr. Munum and not discuss with Dr. Daria?
He was very brief and short with me when I tried to talk with him. I've had conversations with Dr. Daria in the past in which he is very rude and doesn't agree with you. If he feels a certain way, it's a very trying situation to get what you need for the patient if he has that mindset.

Did you talk with your supervisor, Elizabeth Prince about going over Dr. Daria to get orders?
I did not.

Was there a reason why?
Because I had talked to Dr. Munum in other cases, so I didn't think it was something outside of policy or a violation of what's appropriate. It's been across the board in other circumstances. I had already expressed to her the challenge with Dr. Daria.

Are you referring to the conversation you had with her on the 19th?
Yes, that was that previous Friday.

What day did you do the bedside swallow assessment?
It was on a Sunday. The following Sunday. It was that Friday that I spoke with Dr. Daria and that's when I mentioned to Elizabeth what was said to me and I said I was concerned that I couldn't see the patient. I went in Sunday and got the orders. I talked to Dr. Munum.

On Sunday it was a verbal order from Dr. Munum?
Yes.

Tell me about [redacted] bedside assessment. What did you do as part of the assessment and what did you observe?
I did an oral mechanism examination. She had range of motion issues with her jaw. She was Within Functional Limits for her lips and her tongue, impaired function, hard to get everything with her limited jaw range. I presented her with PO trials, solids, pureed and thin. I don't have all the details of what I completed. And then I did a vocal quality assessment and checked to see if there was cough response.

What was your recommendation after the bedside swallow?
Initiate PO intake with level 5 diet.

I understand that [redacted] had multiple video swallows in acute care that she did not pass. Why did you choose to do a bedside swallow instead of a video swallow first?
Because she had just had a video and I had seen the results of that video and she wasn't a silent aspirator.

Did you do a video swallow with [redacted]?

I did. On Wednesday.

Who ordered the video swallow?
Dr. Daria.

Did he write the orders or were they verbal orders?
Yes.

What was the outcome of the video swallow?
It was consistent of the previous video. There was residue in valleculae, on the pharyngeal wall, the pyriforms. We compensated with liquids. There was no penetration, no aspiration.

I understand the patient had a change in condition the same day the video swallow was done. Tell me about that.
So the patient had been eating orally and had a decrease in tube feeding. She said that she was interested to discontinue her tube feeding and I spoke with the dietician about it at lunch on Tuesday. And then Dr. Daria was doing rounds in evening on Tuesday and the GI doctor was talking to him about pulling the PEG and I was sitting in the same area. And the GI doc said the patient is eating safely per the Speech Therapist. And the GI asked about pulling the PEG and Dr. Daria got upset. He asked how did we rule out aspiration, and I said that she wasn't silent aspirator and that I couldn't 100% rule it out. He stopped looking at me and said he wanted a video swallow. He said he didn't want me to see any of his patients. He had requested to make the patient NPO per the nurse manager, so then she went without any nutrition overnight. I saw her at 9:00 am to do the video swallow. That confirmed my observations from the bedside swallow. The next thing I heard she had coded due to hypoglycemia and they were pumping in orange juice with sugar to help increase her number.

Have you seen her since?
I saw her subsequent to that after that code, thinking that she would have a decline since she had coded. I discussed with her to start the PEG tube again until she got stronger, felt more like herself, and I consulted with dietary. I followed up with her the next day. She said she was feeling better, she was eating.

She was eating orally and getting PEG feedings?
Yes.

Is there anything else you can tell me as I look into this concern?
Yes. I'm concerned because the diet orders that was placed on Monday was acknowledged by Dr. Daria. I am assuming it was placed under his name. Additionally after he got upset at me for putting her on an oral diet. He himself ordered p-o medications, which I found a bit strange for a physician that had made a patient NPO. If Dr. Daria was requesting for me to do a video to make him comfortable, that's fine, but he didn't allow me to do that when I first wanted to see her. He didn't want me to see her at all for the services. He didn't give me a reason other than she failed, but the video swallow is more than pass fail. The video swallow helps you determine what interventions need to be done.

There is one other component to this. She did have a chest x-ray on the 19th. Then she had a lower left infiltrate that developed in the hospital and I was more concerned that it was a continuation of the previous pneumonia. I talked to the infectious disease and they ordered a subsequent x-ray that said left lower lobe pneumonia. I felt like the LLL infiltrate was more related to her inactivity. She was labeled a high-aspiration risk when she didn't actually aspirate on two videos swallows.

Which two reports and dates did you review?
I only got the report from the 15th; the other one was mine, my bedside swallow eval.

You don't think she was a high risk for aspiration?
No I do not. I believe if she has a decline in her system due to lupus flare up then that would increase her risk. But since she has a cough response, and now pneumonia, which makes her medical system more compromised. But a 34 year old woman who has stabilized deficits in her jaw, her epiglottis, who has been eating fine for a long time, but ignores it as she has been coughing and choking on her food, she would show signs and symptoms of swallowing issues. So I would say low risk now that she's healthier. If she declined medically, she would increase her risk, but she would show signs.

Anything else you can tell me about [redacted] or your clinical thought process?
Not that I can think of. Do you know if there is a policy for where we are supposed to get orders?
(Investigator stated there is a Physician's Orders policy that will be reviewed.)

Investigator thanked interviewee for her time, confirmed contact information if follow-up required and concluded the telephone interview.

Cell: 321-662-2156

Conclusion
Are you aware of any compliance-related concerns that we have not discussed today? No.
Are you aware of how to report a compliance related concern? (Compliance Hotline 844-760-5835) Yes.

Thank You

Time Interviewed Ended: 5:01 pm CST

INTERVIEW SUMMARY

Date: 4/30/19
Start Time: 4:59 pm CST

Begin the interview by reading the following statement: "The Compliance Department has been made aware of a concern and needs to gather additional information. You are to keep this interview confidential. Do not discuss it with others including supervisors. Please remember that Kindred has a no retaliation policy for reporting concerns."

***If under privilege**, begin by reading the following statement: "This interview is being conducted at the direction of the law department. You should not discuss this matter with anyone other than me or the lawyer directing the investigation. The information you provide is sensitive and disclosure is protected by the attorney-client privilege. The privilege over communications belongs solely to, and is controlled by, the Company. The Company may choose to waive this privilege and disclose what you say to a government agency or other third party."*

Interview Basics	
Resident Name (if applicable):	**Sex:**
Employee Interviewed: Ingrid Desormes	
Title: SLP	
Employed By: RehabCare	
Interview Conducted by phone	

Background Questions
How long has employee been in position? n/a
Who does the employee report to? n/a

Interview Details

I spoke with Dr. Munim this afternoon and he stated he didn't give you the order for the bedside swallow. Why do you think he would say that?
He didn't remember? I remember talking to him. I absolutely remember talking to him.

He said he talked to you in the facility on the floor but not on the phone.
Okay, I don't know what to do. I definitely talked to him on the phone and I remember talking to him on Monday and he said don't worry about it. He said Dr. Daria was a little crotchety.

Would you have the call you made to him in your phone log?
I didn't call from my cell. I send him text messages too. Let me check. Hold on one second. This is awful. I had to get a new phone. My texts from my old phone are gone when I got this new phone. I feel like I talked to him on the facility phone.

Was there anyone present when you talked to Dr. Daria?
I was in the ICU that day. I don't know if there was anyone else was there in the vicinity.

Anything else you can remember?
No, if he doesn't remember, that's it. Dr. Alter acknowledged it but he didn't order it. There's nothing I can do. I have to have MD orders.

That's correct. We have to have physician's orders.

If he says he didn't give them, then it's over.

Do you have any text messages sent to Dr. Munim?
No.

Anything else?
I believe I called from the hospital phone. I just got this new phone on Sunday. It may be on my laptop, if it backed up, but I strongly doubt it.

If you recall anything else or find the messages, please let me know.
I will.

Investigator thanked interviewee for her time, confirmed contact information if follow-up required and concluded the telephone interview.

Cell: 321-662-2156

Conclusion
Are you aware of any compliance-related concerns that we have not discussed today? n/a
Are you aware of how to report a compliance related concern? (Compliance Hotline 844-760-5835) n/a

Thank You

Time Interviewed Ended: 5:06 pm CST

INTERVIEW SUMMARY

Date: 4/26/19
Start Time: 2:25 pm CST

Begin the interview by reading the following statement: "The Compliance Department has been made aware of a concern and needs to gather additional information. You are to keep this interview confidential. Do not discuss it with others including supervisors. Please remember that Kindred has a no retaliation policy for reporting concerns."

***If under privilege**, begin by reading the following statement: "This interview is being conducted at the direction of the law department. You should not discuss this matter with anyone other than me or the lawyer directing the investigation. The information you provide is sensitive and disclosure is protected by the attorney-client privilege. The privilege over communications belongs solely to, and is controlled by, the Company. The Company may choose to waive this privilege and disclose what you say to a government agency or other third party."*

Interview Basics	
Resident Name (if applicable):	**Sex:**
Employee Interviewed: Rosalie Espino	
Title: ADO	
Employed By: RehabCare	
Interview Conducted by phone	

Background Questions
How long has employee been in position?
Who does the employee report to?

Interview Details

You contacted the Compliance Department with a concern at Kindred Hospital The Palm Beaches. What can you tell me about the concern?
I received a call yesterday from the PD. We were on the phone together looking into a situation. The CEO informed our Executive Director that we needed to suspend our SLP. So I asked the reason why and we were looking at one patient. According to the PD, there had been on 4/21, Ingrid had a conversation with Dr. Daria who said you should not do any bedside swallow assessment. What Ingrid did is go to Dr. Munim and asked for a swallow eval order. One doctor said No and the other gave the order. She went ahead and did the eval. When I looked at the orders, the swallow bedside order is under Craig Alter. So after that, she went ahead and picked the patient up for therapy.

Any idea why she sought out a different doctor?
I'm not sure of the reason why. We would have to ask that question. On 4/23, what I saw was there was a modified barium done and the order was co-signed by Dr. Daria. The Patient passed it and the patient was upgraded with a diet.

Dr. Daria ordered the modified barium test?
Yes. The T.O. was written by Ingrid and Dr. Daria co-signed the order.

What day was the modified barium swallow completed?
4/24.

The patient passed it and the diet was upgraded?

Yes, that's what is in the notes.

Can you send those records to me?
If you are going to talk to Elizabeth Prince, she can provide you with the orders and notes.

Yes, I planned to talk to her. I will ask for them. Why did the facility ask you to suspend the SLP?
Now we have a patient who coded after all this diet that was upgraded. I didn't know exactly when I talked with the CEO that the patient was not safe. She should be suspended since she didn't follow orders and went to another doctor.

Did you suspend the SLP?
Yes, I did. From my conversation with Shelly Peek and Mary Beth, who said if it is a patient safety issue, then we should suspend the SLP. I suspended her yesterday.

That's correct. I would agree with the suspension related to patient safety. When you talked with Ingrid, what was her response to being suspended?
She did not have any. When I said she was suspended, I told her there was a situation that needs to be investigated and she said okay.

Do you have a contact number for Ingrid?
I might have it. You can get it from Elizabeth. Let me check.
Ingrid: 321-662-2156

What is Elizabeth's number?
561-313-7563

Anything else you can tell me that I haven't asked you already?
I just received something from Elizabeth this morning that she received an email from Ingrid that said she didn't have a clear reason why she was suspended and I said to tell her that there is a care complaint that needed to be investigated and someone from Compliance would call her.

Investigator thanked interviewee for her time, confirmed contact information if follow-up required and concluded the telephone interview.

Cell: 708-657-5311

Conclusion
Are you aware of any compliance-related concerns that we have not discussed today? No, that's it.
Are you aware of how to report a compliance related concern? (Compliance Hotline 844-760-5835) Yes, I have the number.

Thank You

Time Interviewed Ended: 2:35 pm CST

INTERVIEW SUMMARY

Date: 4/30/19
Start Time: 4:47 pm CST

Begin the interview by reading the following statement: "The Compliance Department has been made aware of a concern and needs to gather additional information. You are to keep this interview confidential. Do not discuss it with others including supervisors. Please remember that Kindred has a no retaliation policy for reporting concerns."

***If under privilege**, begin by reading the following statement: "This interview is being conducted at the direction of the law department. You should not discuss this matter with anyone other than me or the lawyer directing the investigation. The information you provide is sensitive and disclosure is protected by the attorney-client privilege. The privilege over communications belongs solely to, and is controlled by, the Company. The Company may choose to waive this privilege and disclose what you say to a government agency or other third party."*

Interview Basics	
Resident Name (if applicable):	**Sex:**
Employee Interviewed: Anjad Munim, MD	
Title: Medical Director	
Employed By: RehabCare	
Interview Conducted by phone	

Background Questions
How long has employee been in position? n/a
Who does the employee report to? n/a

Interview Details

I'm looking into a care concern for one of the patients at The Palm Beaches. I understand that you spoke with the Speech Therapist, Ingrid, about a patient. Can you tell me what day you and Ingrid spoke?
I don't remember the exact day. I remember the meeting but not the exact day. I was on the floor, charting and doing my notes, when she came over and started talking to me. My recollection is not verbatim, I just don't remember the date. She said that she had an issue over one of the physicians. She wanted to help the patient and he got upset. She said she had to get the order from another provider. She wanted me to know and she wanted me to help smooth things over with Dr. Daria when I see him next time. That was the end of it.

Did Ingrid call you on Easter Sunday to get an order?
No, this was that she came by and said to me. Now, subsequently she texted me, I don't remember exactly the text, but she said I got suspended and she asked me if I had talked to Dr. Daria. The next day I met Dr. Daria in the hospital and I basically said hey what about the Speech Therapist. He said that he was happy. He told me about things that she didn't tell me. Swallowing therapy was not indicated. The patient was evaluated at the other hospital. Those details was not discussed with me when I was on the floor. Of course, I didn't give any orders. I heard that she said the orders were from me, but I didn't give her any orders.

First, I didn't give the order. Second, I'm the director and people will come to me for orders, physicians or others. I have my way of reacting. I never bypass a physician's order. Unless it's an emergency, thin I will review the information, talk with the physician and intervene as needed.

So you didn't give her an order?

No, that didn't come from me. I didn't hear from her on the phone. I didn't give an order for the bedside. I do remember that she said she had to go around Dr. Daria to get the order. The crux of the conversation was that she wanted me to talk with Dr. Daria.

The only conversation you had with Ingrid was the one on the floor?
Yes, the next thing I heard that the patient had coded. Between you and me, I know this young lady. She's a good therapist, conscientious. She has worked on my cases in the past. I like her. She has good diligence. I have no issue with her, usually I carry a good impression about her ability.

I do feel that she can be overbearing at times, in a pleasant way. My philosophy, if you are good in your field, and passionate about your ability, then it's okay to be a little overbearing. Some physicians may not like that. She could have some personality issues with the physicians, but I'm not her supervisor, so I haven't thoroughly evaluated her skills.

Is there anything else you can tell me that I haven't asked already?
I do have her text messages on my phone.

Can you send them to me?
I don't know how to do that. I can take my phone to the CEO and show them to her. I don't even know the name of the patient.

Investigator thanked interviewee for her time, confirmed contact information if follow-up required and concluded the telephone interview.

Cell: 954-850-6404

Conclusion
Are you aware of any compliance-related concerns that we have not discussed today? n/a
Are you aware of how to report a compliance related concern? (Compliance Hotline 844-760-5835) n/a

Thank You

Time Interviewed Ended: 4:58 pm CST

INTERVIEW SUMMARY

Date: 4/26/19
Start Time: 3:20 pm CST

Begin the interview by reading the following statement: "The Compliance Department has been made aware of a concern and needs to gather additional information. You are to keep this interview confidential. Do not discuss it with others including supervisors. Please remember that Kindred has a no retaliation policy for reporting concerns."

***If under privilege**, begin by reading the following statement: "This interview is being conducted at the direction of the law department. You should not discuss this matter with anyone other than me or the lawyer directing the investigation. The information you provide is sensitive and disclosure is protected by the attorney-client privilege. The privilege over communications belongs solely to, and is controlled by, the Company. The Company may choose to waive this privilege and disclose what you say to a government agency or other third party."*

Interview Basics	
Resident Name (if applicable):	**Sex:**
Employee Interviewed: Elizabeth Prince	
Title: Program Director	
Employed By: RehabCare	
Interview Conducted by phone	

Background Questions
How long has employee been in position?
Who does the employee report to? Rosalie Espino, ADO

Interview Details

You are the PD at Kindred Hospital The Palm Beaches?
Correct.

Is your facility an LTACH?
Yes, it is.

I understand there is a compliance concern at your facility. How did you become aware of a concern?
She texted me Tuesday night at 5:40 pm.

Who is "she"?
Ingrid.

What was the nature of the text message?
She told me, should I read this to you? It says,
"We are going to have a problem with Dr. Daria"
And I responded, "why?"
And she said, "Cause of the young one", "He is upset that I went to another doctor", "I discussed it already with Dr. Munim about it and he said it's fine", "Now it's drama"
She asked if she could call me and then said never mind that she would figure it out in the morning.

Can you forward me those messages?

Yes.

What prompted the issue on Tuesday?
I don't know. As far as I know, she saw the patient over the weekend. I am also concerned that she didn't come to me first. That would have been the normal procedure. I know Dr. Daria. I didn't find out anything until Tuesday.

I can't access your EMR. Can you send me the orders and the Speech Therapy notes?
I can. How do you want them?

Can you scan and email them?
Yes. I can send you all the speech-related orders and her documents.

Did Ingrid talk to you about the patient before she went to the Medical Director?
No, she didn't, other than the text messages. But it had already occurred at that point.

Did Dr. Daria reach out to you with concerns?
No, when the administration reached out to me, they asked me to call him and apologize, which I did. I felt that it was appropriate to do so after hearing that Ingrid went over his head.

Did the Medical Director order the bedside swallow eval?
I need to clear that up a little bit. She talked to Dr. Munim but according to the chart, the doctors on the case are listed as attending or providers. It will say the name of the doctors who are treating the patient. Dr. Munim was not listed on this. She said it was in error as she put the order under Dr. Alter.

Is Dr. Alter involved in the patient's case regarding the swallowing?
No, to my knowledge he was not. There is an area where you can hit other provider but she did not do it. Dr. Munim was not a physician on the case. When physicians are on the Kardex, it will show the attending and all the physicians consulted.

Did Ingrid talk with Dr. Munim?
Yes, my understanding is that they had a verbal conversation and he gave her the okay to do the bedside swallow.

What can you tell me about the patient?
She's NPO. She's a 34 year old that has a history of Lupus and is very weak. She developed pneumonia. She's very weak. She was Dr. Daria's patient at The Gardens and he brought her over here. She failed two swallow studies over there, what he was calling failing, she didn't pass. When he brought her over here, she had a PEG tube. He wanted to wait until she was stronger and do a video because of her risk. He said if she had waited until she got stronger and if she did a video, he would have been fine with it. But she did a bedside.

Just to clarify, the bedside order came from Dr. Munim?
Yes, he gave the verbal okay but the order was put in under Dr. Alter's name. As far as I know, Dr. Munim and Dr. Daria have discussed it. I haven't seen him today, so not sure if he's aware of the issue.

I understand the patient had a change in condition.
She had an episode of hypoglycemia with a change in condition on the 24th. At 12pm her blood sugar was 46.

Was the reason for the ICU transfer related to swallowing?
The patient was transferred to the ICU for observation in no apparent distress. They gave her orange juice with sugar in in to bring her blood sugar up.

I understand Ingrid has been suspended pending the outcome of the investigation.

That's correct.

Have you spoken with her since her suspension?
She sent me an email yesterday. She came in once corporate made the decision. She did email me yesterday evening and said she didn't understand why she was suspended. I forwarded it to Rosalie and asked her how to respond. Rosalie sent me an email back.

How long has Ingrid been with RehabCare?
Her start date was 8-9-17.

Have there been any performance issues with Ingrid in the past?
Let me pull her file. No, I don't see anything.

Is there anything else you can tell me about the concern that I haven't asked about already?
Only that this was not the normal course of business. I've been here three years and it has never happened before. It's not like everybody else does that and she just got caught. This has never happened before. We are governed by the rules and physician's orders.

Investigator thanked interviewee for her time, confirmed contact information if follow-up required and concluded the telephone interview.

Cell: 561-313-7563

Conclusion
Are you aware of any compliance-related concerns that we have not discussed today? No, I am not.
Are you aware of how to report a compliance related concern? (Compliance Hotline 844-760-5835) Yes, I am.

Thank You

Time Interviewed Ended: 3:46 pm CST

Health Care Provider Complaint Form

This information MUST be completed to investigate your complaint, as we correspond via U.S. mail. Incomplete forms CANNOT be processed.

Florida Statutes 456.073, Disciplinary proceeding: (1) The department, for the boards under its jurisdiction, shall cause to be investigated any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient. *If an investigation of any subject is undertaken, the Department will furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation.*

Health Care Provider Information:

Name: Desormes (Last) Ingrid (First) M.I. SLP (Profession) SA10334 (License Number)

Address: 410 Evernia Street Apt #520 (Number & Street) West Palm Beach (City) FL (State) 33401 (Zip)

Phone number(s): (321) 662-2156 Website:

Complainant Information:

Agency/Company Name (if applicable): Kindred Hospital of the Palm Beaches

Your Name: Prince (Last) Elizabeth (First) A (M.I.)

Address: 5555 Blue Heron Boulevard (Number & Street) Riviera Beach (City) FL (State) 33418 (Zip)

Phone Number: (561) 904-8924 Email: Elizabeth.Prince@kindred.com

Patient Information:

Please complete this section if you are filing a complaint on behalf of the patient. If you are the patient, please leave this section blank.

Name: [redacted] (Last) [redacted] (First) M.I.

Address: [redacted] (Number & Street) [redacted] (City) [redacted] (State) [redacted] (Zip)

Phone Number: [redacted] Date of Birth: [redacted]

Your relationship to the patient:

☐ Self ☐ Parent ☐ Son/Daughter ☐ Spouse ☐ Brother/Sister ☐ Legal Guardian ☑ Other: provider

Please provide documentation indicating your appointment as the legal authority/guardianship or personal representative.

The Department does not investigate complaints regarding the amount charged for a procedure, broken or missed appointments, customer service, bedside manner, rudeness, professionalism or personality conflicts.

If the incident involved criminal conduct, contact local law enforcement. Have you contacted local law enforcement?

☐ Yes ☑ No

If Yes, Name of Contact: _____ Date: _____ Case Number: _____

Agency Name: _____

Provide a complete description of the complaint/report.
Include facts, details, dates, locations, etc. (who, what, when and where)
Attach additional sheets if necessary.

Please make and attach copies of medical records, correspondence, contracts and any other documents that will help support your complaint. Failure to attach records will delay the investigation.

Date of Incident: 04/21/2019

See attached investigation summary and supporting documentation.

The complaint form must be signed and returned to the Department.

Signature: Elizabeth Prince Date: 5/8/19

(Required to file complaint)

You may scan and return the form via email to:

MQA.consumerservices@flhealth.gov

You may mail the form to:

Consumer Services Unit
4052 Bald Cypress Way, Bin C-75
Tallahassee, FL 32399-3275

You may fax the form to:

850-488-0796

Florida HEALTH
Medical Quality Assurance

AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

To: Any and All Treating Health Care Practitioners or Facilities:
This authorization meets the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA Privacy Law) found at 45 CFR, Part 164.

This document authorizes any and all licensed health care practitioners, including but not limited to: physicians, nurses, therapists, social workers, counselors, dentists, chiropractors, podiatrists, optometrists, hospitals, clinics, laboratories, medical attendants and other persons who have participated in providing any health care or service to me, to discuss any communication, whether confidential or privileged, and to provide full and complete patient reports and records justifying the course of treatment including but not limited to: patient histories, x-rays, examination and test results, HIV, mental health, drug abuse treatment, psychiatric and psychological records, reports or information prepared by other persons that may be in your possession and all financial records, to the Department of Health (or any official representative of the Department) pursuant to Section 456.057, Florida Statutes.
This document provides full authorization to the Department of Health (or any official representative of the Department) to use any of the aforementioned reports and information for reproduction, investigation or other use for licensure or disciplinary actions and civil, criminal or administrative proceedings, as needed by the Department and may be subject to re-disclosure by the recipient and may no longer be protected by the federal privacy laws and regulation.
By signing below, the patient understands, acknowledges and authorizes the Department to release their identity and medical records to law enforcement and other regulatory agencies in appropriate circumstances at the Department's discretion.

A photocopy of this document is as sufficient as the original.

I understand that this authorization may be revoked upon my written request except to the extent that action has already been taken on this authorization.

Patient Name (Print):_____ Signature: _____

D.O.B.:_____ SSN:_____ Date: _____

Name of Authorized Person Other than Patient (Print): _____

Signature of Authorized Person Other than Patient: _____

Witness Name (Print):_____ Witness Signature: _____

DOH USE ONLY
Reference Number

_____

Unlicensed Activity

Only complete this page if your complaint is for unlicensed activity.

What is your relationship to the subject? _____

How did you become aware of the alleged unlicensed practice? _____

When did you become aware of the alleged unlicensed practice? _____

Location of alleged unlicensed practice: _____

Time and date of treatment or incident: _____

If payment was made, how was subject paid? _____

Does the subject or subject's business accept Medicaid? _____

Does the subject or subject's business accept Medicare? _____

Physical description of subject:

Race: _____ Sex: _____ Height: _____ Weight: _____ Eye Color: _____

Description of Vehicle:

Year: _____ Make: _____ Model: _____ Tag No: _____ Color: _____

Names and addresses of patients/victims/witnesses aware of your complaint:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Names of other subjects/licensees at the same location or business: _____

_____

Investigator:

- Gail R. Johnson, SLP; Field Director of Compliance
- Elayne Lopreato, Chief Executive Officer

Allegation:

- It was alleged that on 4/21/19 Ingrid Desormes, Speech-Language Pathologist, provided dysphagia services to [redacted], patient at Kindred Hospital - The Palm Beaches, without the attending physician's consent and order. [redacted] had been admitted to Kindred Hospital – The Palm Beaches on 4/18/19. On 4/19/19, Dr. Danial Daria, attending physician, instructed Ingrid Desormes, SLP, that [redacted] was to remain NPO until her medical condition improved. Dr. Daria and Ms. Desormes reported that Dr. Daria refused Ms. Desormes' request for an order for a bedside swallow assessment on 4/19/19.

Investigation Process:

An internal compliance investigation that included:

- Interviews of therapy and medical staff
- Review of billing service logs
- Review of physician's orders
- Review of Speech Therapy documentation
- Review of internal policies

Employees interviewed by Gail Johnson:

- Rosalie Espino, Area Director of Operations
- Elizabeth Prince, Program Director
- Dr. Danial Daria, Attending Physician
- Dr. Anjad Munim, Medical Director
- Ingrid Desormes, Speech-Language Pathologist

Employees interviewed by Elayne Lopreato:

- Dr. Danial Daria, Attending Physician
- Dr. Craig Altus, Pulmonologist
- Dr. Anjad Munim, Medical Director

Documents/Policies & Procedures Reviewed:

- Kindred Hospital (LTACH) POL 02.17 Physician's Orders
- Kindred Hospital H-MM-003-001 Ordering of Medication
- Kindred Hospital H-MM-003-006 Review of Medication Orders
- State Practice Acts, Rules and Regulations

SMART/BW Reports:

- Speech Therapy Service Log – April MTD: [redacted]

Medical Record Documentation for [redacted]

- Physician's orders 4/18/19 – 4/25/19
- Speech Therapy Documentation 4/21/19 – 4/25/19
- Radiology/Chest X-Ray reports 4/19/19 – 4/29/19
- Kindred Hospital – The Gardens Progress Notes: Cardiology, Pulmonology, Internal Medicine
- Change of Condition note from 4/24/19 with transfer to ICU

Other documents reviewed:

- Ingrid Desormes' letter of resignation

Conclusion:

See attached Detailed Factual Summary

Detailed Factual Summary

On 4/25/19, Rosalie Espino, Area Director of Operations (ADO), contacted the Compliance Department via email with a concern brought to her attention by Elayne Lopreato, CEO at Kindred Hospital – The Palm Beaches detailing Dr. Danial Daria's report that Ingrid Desormes, Speech-Language Pathologist (SLP), provided Dysphagia Treatment to a patient without the attending physician's (Dr. Daria) consent and order. The investigation was assigned to Elayne Lopreato, CEO Kindred Hospital The Palm Beaches, and Gail Johnson, Field Director Compliance. Issues to be investigation include:

- Quality of Care: Care Complaints to be investigated by Gail Johnson, FDC
- Management and/or Human Resources: Employee Performance/Behavior to be investigated by Elayne Lopreato
- Business/Financial: Billing Errors (added 5/1/19) to be investigated by Gail Johnson, FDC

On 4/18/19, [redacted] a 34 year old female, was admitted to Kindred Hospital - The Palm Beaches from Kindred Hospital The Gardens under the care of Dr. Danial Daria, attending physician. Dr. Daria provided clinical oversight of [redacted] care as the attending physician at the acute care hospital, Kindred Hospital - The Gardens. [redacted] medical history included systemic lupus with respiratory failure, severe protein-calorie malnutrition and bilateral aspiration pneumonia. [redacted] received a Modified Barium Swallow Study (MBS) at Kindred Hospital The Gardens on 4/15/19 of which Dr. Daria reported that [redacted] "failed" the MBS and subsequently a PEG-tube was placed with orders for nothing by mouth due to high risk for aspiration and its related respiratory consequences.

On 4/19/19, Dr. Daria reported he spoke with Ingrid Desormes, SLP, regarding [redacted] care during which time Ms. Desormes requested Speech Therapy orders to evaluate and treat [redacted]. Dr. Daria reported he instructed Ms. Desormes to "wait 10 days or so to see if she [redacted] got stronger to address the medical issues she [redacted] had." Ms. Desormes confirmed the conversation with Dr. Daria. When asked if Dr. Daria indicated Ms. Desormes could see the patient in the future for Speech Therapy, Ms. Desormes stated, "He said maybe in a week or two." Ms. Desormes and Dr. Daria corroborated Ms. Desormes's attempts to persuade Dr. Daria for a Speech Therapy evaluation order; however both stated that Dr. Daria refused to consent to a Speech Therapy evaluation order. Dr. Daria wrote a physician's order for NPO status and all nutrition via the PEG tube on 4/18/19.

It was noted that Ingrid Desormes's report of her conversation with Dr. Daria varied during multiple interviews with the investigator. On 4/26/19, Ms. Desormes stated that Dr. Daria told her that she could see [redacted] in Speech Therapy "maybe in a week or two." However, on 4/29/19, Ms. Desormes reported that Dr. Daria stated, "Not at all; don't waste your time" at her request for Speech Therapy orders for [redacted]

On Sunday, 4/21/19 at 9:07 am, an order for "Swallow Study Bedside" was entered into the electronic medical record by Ingrid Desormes, SLP, as a telephone order from Craig Altus, MD. Dr. Altus is a pulmonologist consulting on [redacted] care. The order stated, "Yes, order read back to provider" as a read back verification. Subsequent orders entered into the medical record on 4/19/19 were to advance [redacted] diet to a Level 5 oral diet (by K Powell RN at the recommendation of Ingrid Desormes, SLP) and a telephone order from Dr. Altus entered by Ingrid Desormes, SLP, for a "pharmacy consult: for recommendations on transition medications to PO at this time. Pt passed swallow eval."

On Tuesday, 4/23/19, Dr. Daria was approached by a consulting Gastroenterologist (name unknown) who inquired of removing [redacted] PEG-tube as [redacted] had "passed her swallow eval." Both Dr. Daria and Ms. Desormes confirmed Ms. Desormes was present during the conversation between Dr. Daria and the consulting Gastroenterologist, as the conversation occurred in a charting area of the nursing station. Dr. Daria reported he was unaware that [redacted] had been receiving oral nutrition and requested a video swallow study to assess for aspiration. On 4/23/19 a 17:34, Ingrid Desormes, SLP, entered a physician order into the medical record for "Swallow Function w/Videorad" to "R/O aspiration." The order for "Swallow Function w/Videorad" was co-signed by Dr. Danial Daria on 4/23/19 at 17:54.

A Modified Barium Swallow Study was completed on [redacted] by Ingrid Desormes, SLP, on 4/24/19 at 8:52 am. Ms. Desormes documented reduced tongue base retraction, impaired epiglottic inversion, post swallow residue in the valleculae which cleared with liquid wash and multiple swallow. Ms. Desormes documented that no penetration or aspiration occurred during the swallow assessment. Ms. Desormes recommendations included a diet advancement to a Dysphagia Level 6 (soft bite) with thin liquids, ongoing Speech Therapy services, upright positioning at meals, and alternating liquids and solids.

On 4/24/19 at 12:00, [redacted] experienced a significant change in condition and "coded" due to hypoglycemia. [redacted] was transferred to the Intensive Care Unit at 12:12 on 4/24/19.

[redacted] has received multiple chest x-rays throughout her stay at Kindred Hospital The Palm Beaches that included (see document Radiology Reports – [redacted]):

- 4/19/19: no infiltrates in her lungs
- 4/23/19: left basilar infiltrate present, which may be related to aspiration of food/liquids
- 4/24/19: bilateral lower lobe infiltrates with pleural effusions
- 4/25/19: left lower lobe infiltrate improved but not cleared
- 4/28/19: no infiltrates
- 4/29/19: new acute pneumonia in left lower lobe (patient returned to NPO status)

Ingrid Desormes, SLP, was interviewed regarding the Speech Therapy services delivered to [redacted]. Ms. Desormes stated she screened [redacted] on 4/19/19 and determined that [redacted] would benefit from Speech Therapy intervention to advance her to an oral diet. Ms. Desormes reported she requested Speech Therapy orders from Dr. Daria on 4/19/19 and was told by Dr. Daria "to not waste your time" due to [redacted] "failing" two video swallow studies at Kindred Hospital The Gardens. Dr. Daria did not authorize a Swallow Assessment per Ms. Desormes. Ms. Desormes denied requesting assistance from her director supervisor, Elizabeth Prince, to obtain Speech Therapy evaluation and treatment orders.

On 4/21/19, Ms. Desormes reported that [redacted] expressed "a desire to want to eat." Ms. Desormes stated she "went to the Medical Director to get an order", stating "I already had a run in with the primary doctor and he's very hard to change his mind." Ms. Desormes stated she "got approval" for the Swallow assessment from Dr. Anjad Munim, Medical Director at Kindred Hospital The Palm Beaches. Ms. Desormes reported that she spoke with Dr. Munim on the phone on 4/21/19 (Easter Sunday) and then again in person on Monday, 4/22/19, at which time she expressed her concerns about Dr. Daria's "blocking this 34 year old's access to interventions."

Ms. Desormes reported that since [redacted] had an "intact sensory system", a history of coughing during the swallow during her illness, and the presence of a cough response, Ms. Desormes determined a bedside swallow assessment would be "okay" rather than requesting a Modified Barium Swallow assessment. Ms. Desormes

initially reported to the investigator that she reviewed [redacted] video swallow results from Kindred Hospital The Gardens; however, upon further questioning, [redacted] reported that she reviewed a note in a consultant report that was "copy-pasted into the note" in reference to the need for "multiple swallows". A review of a Cardiology Progress Note from 4/17/19 indicated that on 4/15/19, [redacted] demonstrated penetration into the airway with multiple consistencies and the presence of post-swallow residue in the pharynx.

On 4/21/19, Ms. Desormes completed a bedside swallow assessment that included an oral mechanism exam, presentation of oral trials of solids, purees and thin liquids; and a vocal quality assessment and an assessment of a volition cough. Upon completion of the bedside swallow assessment, Ms. Desormes's recommendation included advancement to an oral diet with oral medications. When asked why she didn't take a more conservative approach in a patient with a history of a compromised respiratory system, Ms. Desormes stated, "there's always a scenario where you give them exercises or trial them" and that based on her clinical decision-making regarding the etiology of the dysphagia, it was her opinion that if the medical condition that caused the dysphagia was resolved and then the dysphagia "typically recovers when the medical issue is resolved'.

On 4/23/19 at 17:40, Ms. Desormes contacted her supervisory, Elizabeth Prince, Program Director, via text message to report a "problem with Dr. Daria." Ms. Desormes reported that Dr. Daria was "upset" that Speech Therapy had intervened with [redacted] when he had stated he did not want the patient to attempt oral intake at that time. The text messages sent between Ingrid Desormes, SLP, and Elizabeth Prince, PD, stated (see documents "SLP Text 1" and "SLP Text 2"):

> Desormes: *We are going to have a problem with Dr. Daria*
> Prince: *Why?*
> Desormes: *Cause of the young one; He is upset that I went to another doctor; I discussed it already with Dr Munim about it and he said its fine; Now it's drama*
> Prince: *Oh well*
> Desormes: *Pretty much; Can I call you? Nvm; I'll just figure it out in the morning*

Elizabeth Prince, Program Director (PD), denied any knowledge of Dr. Daria's concerns and directives expressed to Ingrid Desormes, SLP, on 4/19/19. Ingrid Desormes stated she did speak to Elizabeth Prince regarding her interaction with Dr. Daria on 4/19/19 but that "it didn't seem to be a big deal at the time." Ms. Desormes reported that she contacted Dr. Anjad Munim, Medical Director, on 4/21/19 for a bedside swallow order via phone and then spoke with Dr. Munim in person on 4/22/19 to discuss her concerns that Dr. Daria "was blocking this 34 year old's access to services". When asked why she didn't notify her supervisor of her concerns with Dr. Daria, Ms. Desormes reported that "because I had talked to Dr. Munim in other cases, so I didn't think it was something outside of policy or a violation of what's appropriate." When asked why the physician's order was entered under Dr. Craig Altus, Ingrid Desormes stated it was entered in error and should have been documented under Dr. Munim.

Dr. Anjad Munim, Medical Director at Kindred Hospital The Palm Beaches, was interviewed separately by Elayne Lopreato, co-investigator, and by Gail Johnson, co-investigator. Dr. Munim reported to Ms. Lopreato and to Ms. Johnson that he did not receive a phone call on 4/21/19 (Easter Sunday) from Ingrid Desormes, nor did he authorize Ms. Desormes to complete a bedside swallow assessment on [redacted] Dr. Munim reported that he and Ms. Desormes had a conversation at the nurse's station during the week (date unknown per Dr. Munim) in which Ms. Desormes reported having a "problem" with one of the physicians and requesting Dr. Munim's assistance in "smoothing it over". Dr. Munim reiterated that he "didn't give the order" and that he would not "bypass a physician's order." Dr. Munim reported, "I didn't hear from her on the phone. I didn't give an order for the bedside. I do remember that she said she had to go around Dr. Daria to get the order."

On 4/26/19, Dr. Altus was interviewed by the co-investigator, Elayne Lopreato, CEO at Kindred Hospital – The Palm Beaches, at which time Dr. Altus denied giving a telephone order for the Swallow Study Bedside or change in NPO status, as written by Ingrid Desormes, SLP.

Kindred Hospital Rehabilitation Services Policy 02.17 Physician Orders states: *All therapists must have a physician order(s) before initiating:*

- *The evaluation of the patient;*
- *Significant changes to the treatment plan*
- *Continued treatment and/or reassessment of the patient following transfer to a higher level of care*

When receiving a physician order via phone or in person, the therapist "reads back" the order to the physician or NPP to ensure accuracy.

Dr. Anjad Munim, Dr. Craig Altus and Dr. Danial Daria all reported they did not provide a verbal or written order for a bedside swallow assessment on [redacted] Ingrid Desormes, SLP, documented a verbal order from Dr. Craig Altus; however Ms. Desormes stated she entered the order under Dr. Altus in error as the order should have been entered under Dr. Munim.

By providing services without a physician's order and entering the order under the name of a physician who did not authorize the order, Ingrid Desormes failed to follow Kindred Hospital policy on Physician Orders. Additionally, Speech-Language Pathologists do not exhibit autonomous practice per regulatory and statutory guidelines, and must provide services under the guidance of a physician or NPP. By failing to obtain authorization for the bedside swallow assessment, Ms. Desormes failed to follow standards of practice as identified by the State of Florida and the American Speech-Language-Hearing Association. Therefore, the allegation that a billing error occurred due to services provided without physician oversight is substantiated. The services billed on 4/21/19 and 4/22/19 are disallowed. Services provided 4/24/19 and 4/25/19 are allowed due to a valid physician's verbal order received on 4/23/19 by Dr. Danial Daria for a video swallow study.

The Quality of Care allegation is substantiated due to failure to follow acceptable practices by Speech-Language Pathologists regarding obtaining a valid physician's order, and clinical decision-making regarding oral intake based on a consultant note of a modified barium swallow rather than obtaining the original report from Speech Therapy. Furthermore, due to the patient's history of aspiration pneumonia and a compromised respiratory system, a video swallow assessment rather a bedside swallow assessment would be a safer course of action for the patient. As a result, [redacted] risk for aspiration was increased due to history of post-swallow residue in the pharyngeal cavity which may lead to aspiration after the swallow.

On 5/3/19, the investigator was contacted by Rosalie Espino, ADO, stating that Ingrid Desormes, SLP, had cancelled her participation in an exit call with Operations and Human Resources, and Ms. Desormes had tendered her resignation effective immediately to Elizabeth Prince, PD, on 5/3/19 at 5:07 am EST.

Physician's Orders Summary: [redacted]

Date Time	Ordering Physician	Author of Order	Order Written
4/19/19 11:57	D. Daria MD	D. Daria MD	NPO except for tube feedings
4/21/19 9:07	C. Altus MD	I. Desormes SLP	Swallowing study bedside
4/21/19 11:06	C. Altus MD	K. Powell RN	General Diet; Level 5 (per SLP recommendations)
4/21/19 11:17	C. Altus MD	I. Desormes SLP	Pharmacy Consult: for recommendations; Please transition medications to PO at this time. Pt passed swallow eval.
4/23/19 17:34	D. Daria MD	I. Desormes SLP	Swallow Function w/Videorad
4/23/19 17:34	D. Daria MD	I. Desormes SLP	Modified Barium
4/23/19 18:16	D. Daria MD	S. Mayne RN	Discontinue order: General Diet
4/23/19 18:16	D. Daria MD	S. Mayne RN	NPO; No Meds by Mouth
4/24/19 9:29	D. Daria MD	K. Traendly RD	General Diet, Level 6 (per SLP recommendations)
4/24/19 12:29	D. Daria MD	R. Roferos RN	NPO
4/24/19 12:29	D. Daria MD	R. Roferos RN	Discontinue order: General Diet

[redacted]

* Preliminary Report *

Progress Note

Date/Time Note Created: 04/17/2019 07:14

Cardiology Progress Note

ICU Progress Note

Tele: SR/ST

Interval History: (+) Noted improvement in motor strength & swallowing. **S/p swallow eval (04/15/2019)**- Patient penetrated into the airway with multiple swallows and consistencies. Significant residue which did not clear on subsequent swallows. Poor cough reflex. Pending PEG placement in the OR this am. Eliquis remians on hold. (+) NGT. (+) prominent cough with clear sputum production.

ROS: Denies CP, Denies Palpitations, (+) SOB/DOE- improving, (+) cough with clear sputum production, (+) +) 'eft thigh and hip pain- imroving.

Labs: Reviewed

Chemistry Basic - Last 36 hours (11)	Result	Date/Time
Sodium Lvl	134 (L)	04/16 05:16
Potassium Lvl	4.2	04/16 05:16
Chloride Lvl	99.6	04/16 05:16
CO2	27.0	04/16 05:16
AGAP	7 (L)	04/16 05:16
Glucose Level	102	04/16 05:16
Calcium Lvl	8.5 (L)	04/16 05:16
BUN	15	04/16 05:16
Creatinine Lvl	0.2 (L)	04/16 05:16
'hosphate	4.2	04/16 05:16
ɑilI Total	0.4	04/16 05:16

Hematology Basic - Last 36 hours (25)	Result	Date/Time
WBC	12.7 (H)	04/17 05:00
RBC	3.49 (L)	04/17 05:00
Hgb	9.5 (L)	04/17 05:00
Hct	30.6 (L)	04/17 05:00
MCV	87.7	04/17 05:00
MCH	27.2	04/17 05:00
MCHC	31.0 (L)	04/17 05:00
.DW-SD	53.6 (H)	04/17 05:00

[redacted]

RDW-CV	19.1 (H)	04/17 05:00
Platelet Count	311	04/17 05:00
MPV	10.6	04/17 05:00
NRBC Auto Abs	0.04 (H)	04/17 05:00
NRBC Auto Rel	0.3	04/17 05:00
Neutrophil Rel	86.3 (H)	04/17 05:00
Lymphocyte Rel	7.1 (L)	04/17 05:00
Monocyte Rel	4.3	04/17 05:00
Eosinophil Rel	0.0	04/17 05:00
Basophil Rel	0.1	04/17 05:00
Imm Gran Rel	2.2 (H)	04/17 05:00
Neutrophil Abs	10.95 (H)	04/17 05:00
Lymphocyte Abs	0.90 (L)	04/17 05:00
Monocyte Abs	0.54	04/17 05:00
Eosinophil Abs	0.00	04/17 05:00
Basophil Abs	0.01	04/17 05:00
Imm Gran Abs	0.28 (H)	04/17 05:00

Radiology: Reviewed
XR Swallowing Function W/ Video (04/15 11:10)
Please review the final report in the patient's chart.

Medications: Reviewed
Scheduled: (11)
acetylcysteine (Mucomyst-10 inhalation solution) *200 mg = 2 mL, Nebulizer, RT Q6hr*
albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) *2.5 mg = 3 mL, Nebulizer, RT Q6hr*
cefAZolin *2 g = 50 mL, IV Piggyback, Once Scheduled*
cholecalciferol *1,000 int_units = 1 tab, Oral, Daily*
hydroxychloroquine *200 mg = 1 tab, Oral, BID*
insulin regular *Sliding Scale # 1, Subcut, BID*
methylPREDNISolone (SOLUMedrol) *20 mg = 0.5 mL, IV Push, Q12hr*
pantoprazole (Protonix) *40 mg = 10 mL, IV Push, Q24hr*
sodium chloride (NS flush) *10 mL, IV, Q12hr*
sodium chloride (NS flush) *10 mL, IV, Q12hr*
sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim DS 800 mg-160mg) *1 tab, Oral, Q M, W, & F*

Continuous: (0)

PRN: (4)
acetaminophen (Tylenol) *650 mg = 2 tab, Oral, Q6hr*
acetaminophen (Tylenol) *650 mg = 1 suppos, Rectal, Q6hr*
ondansetron (Zofran) *4 mg = 2 mL, IV Push, Q6hr*
phenol topical (Chloraseptic 1.4% topical spray) *1 spray, Oral, Q6hr*

[redacted]

PE:

Vital Signs:	Last Charted:		24 Hr Minimum:		24 Hr Maximum:	
Temp C Converted	36.6	(04/16 12:00)	36.6	(04/17 04:00)	36.9	(04/17 04:00)
Temp F	97.9 (L)	(04/17 04:00)	97.9 (L)	(04/17 04:00)	98.4	(04/16 12:00)
Heart Rate	95	(04/17 06:00)	88	(04/17 02:00)	116 (H)	(04/16 23:00)
Resp Rate	16	(04/17 06:00)	15	(04/16 22:00)	26 (H)	(04/16 09:04)
BP	96	(04/17 06:00)	86 (L)	(04/16 09:00)	102	(04/17 04:00)
DBP	59 (L)	(04/17 06:00)	49 (L)	(04/16 08:00)	64	(04/17 03:00)
SpO2	99	(04/17 06:00)	95	(04/16 09:04)	100	(04/16 09:00)

	Recorded	Input	Output	Balance
04/17	07:00-07:14	0	0	0
04/16	7a - 3p	580.5	500	80.5
	3p - 11p	930.5	500	430.5
	11p - 7a	60	375	-315
	24hr total	1571	1375	196

Neuro: AAOX3, NAD
HEENT: Head: N/C, A/T
Eyes: PERRLA, EOMI
Neck: Supple, Trachea Midline
Cardiac: S1-S2- regular, No S3, SSM
Resp: Diminished at the bases, Unlabored.
GI: Soft, N/T, (+) NGT
GU: Deferred
Msk: MAE, Limited ROM
Ext: + pulses, negative edema
Skin: W/D, no cyanosis.

Assessment & Plan:

1. Elevated Trop levels: Troponin I level @ 0.16, Troponin T levels @ 3,193 & 3,610. No wall motion abnormalities noted on 2D echocardiogram 04/06/19. She currently denies any ACS signs or symptoms. Will continue to closely monitor.

2. Tachycardia: Currently SR, with labile rate occasionally. Likely a reactive process, will continue to closely monitor.

3. Cardiac Murmur: **2D echocardiogram 04/06/2019-** EF 61 %, hyperdynamic right ventricle, no evidence of atrial septal defect, trace TVR, and trivial pericardial effusion.

4. Dysphagia: With (+) malnutrition & aspiration pneumonia- (+) noted improvement in motor strength & swallowing. **S/p swallow eval (04/15/2019)**- Patient penetrated into the airway with multiple swallows and consistencies. Significant residue which did not clear on subsequent swallows. Poor cough reflex. Will continue to monitor- management as per GI. Eliquis remians on hold. Pending PEG placement the OR this am.

5. Bilateral PNA: As per Infectious Disease- clinically and radiologically stable, still doubt opportunistic pneumonia. With probable ongoing aspiration, awaiting swallow eval. Will continue to closely monitor- management as per Pulmonology & Infectious Disease. Blood Culture (Peripheral Draw- 04/10)- Negative.

6. Knonw h/o Systemic Lupus Erythematosus: With (+) Myalgia Rheumatica & Lupus myositis- will continue to monitor, management as per Rheumatology.

7. Hypokalemia: Most recent K+ level @ 4.2 (04/16/19)- will continue to monitor, management as per Nephrology.

8. Abnormal LFT's: Most recent AST @ 89 & ALT @ 128 (04/16/19)- will continue to monitor, management as per GI.

9. Known h/o PE: **CTA Chest W/ Contrast** (04/05)- No evidence of pulmonary embolism. Eliquis remians on hold, secondary to pending PEG placement.

10. Anemia: Most recent Hgb @ 9.5 (04/17/19)- will continue to closely monitor H&H, management & transfuse as per medical team.

11. Deep venous thrombosis and gastrointestinal prophylaxis. Further recommendation will be dependent upon patients status, laboratory and diagnostic values. POC has been discussed with Dr. Mohanty who is in agreeance.

Signature Line

CERVI ARNP, MINDI E

Completed Action List:
* Perform by CERVI ARNP, MINDI E on April 17, 2019 07:14 EDT
* Modify by CERVI ARNP, MINDI E on April 17, 2019 19:11 EDT

Result type:	Progress Note EMR
Result date:	April 17, 2019 07:14 EDT
Result status:	In Progress
Result title:	Cardiology Progress Note

Performed by: CERVI ARNP, MINDI E on April 17, 2019 07:14 EDT
Encounter info: 24595191, PBG, 1 - Inpatient, 04/05/2019 -

[redacted]

* Final Report *

PBG-Progress Notes
SUBJECTIVE: Patient is awake, alert, oriented x3. No complaints. Patient is getting stronger.

OBJECTIVE:
VITAL SIGNS: Afebrile. Vital signs stable. Blood pressure of 96/59.
hysical exam is unchanged except patient's muscular and motor activity getting stronger.

LABORATORY DATA AND MEDICATIONS: Reviewed.

IMPRESSION AND PLAN:
1. Polymyositis, being treated by IV Solu-Medrol per rheumatologist, Dr. Mendoza.
2. Systemic lupus erythematosus, being treated by Dr. Mendoza, rheumatologist.
3. Deconditioning, improving. Patient is doing some physical therapy and hopefully get even stronger with medication effect.
4. Vitamin D deficiency. Continue vitamin D.
5. Anemia. Continue to monitor.

.he patient's sisters are in the room today with the patient.

ABBAS RABIEI, MD

TR:AR/HN
DD:04/17/2019 22:01 EDT
DT:04/17/2019 22:55 EDT
Dictation ID: 26117022/Confirmation #: 124400
R:

Authenticated by ABBAS RABIEI MD [00989] on 04/18/2019 at 10:08:02
PGN*Progress Note*

Completed Action List:
* Perform by RABIEI MD, ABBAS on April 17, 2019 21:57 EDT
* Sign by RABIEI MD, ABBAS on April 18, 2019 10:08 EDTRequested on April 17, 2019 23:00 EDT
* VERIFY by RABIEI MD, ABBAS on April 18, 2019 10:08 EDT

Progress Note
* Final Report *

Result type:	Progress Note
Result date:	April 17, 2019 22:01 EDT
Result status:	Modified
Result title:	PBG-Progress Notes
Performed by:	RABIEI MD, ABBAS on April 17, 2019 21:57 EDT
Verified by:	RABIEI MD, ABBAS on April 18, 2019 10:08 EDT
Encounter info:	24595191, PBG, 1 - Inpatient, 04/05/2019 -
Contributor system:	PBG_TRANS

[redacted]

* Final Report *

Progress Note

Date/Time Note Created: 04/17/2019 13:41

Date/Time Patient Seen: _

_

Internal Medicine Progress Note

Subjective: no complaints, feeling well.

Objective: comfortable, no events overnight.

Vital Signs:	Last Charted:		24 Hr Minimum:		24 Hr Maximum:	
Temp F	97.8 (L)	(04/17 10:15)	97.8 (L)	(04/17 10:15)	98.2	(04/16 16:00)
Heart Rate	83	(04/17 11:00)	83	(04/17 11:00)	116 (H)	(04/16 23:00)
Resp Rate	18	(04/17 11:00)	12 (L)	(04/17 10:15)	24 (H)	(04/16 21:00)
SBP	104	(04/17 11:00)	89 (L)	(04/17 08:00)	104	(04/17 11:00)
DBP	74	(04/17 11:00)	53 (L)	(04/16 14:00)	74	(04/17 11:00)
SpO2	100	(04/17 10:53)	97	(04/17 01:00)	100	(04/16 14:00)

	Date	Result
Dosing Weight		
Current Weight		
Previous Weight		
Admit Weight	04/05	52 kg
BMI		
Height		

I&O:

	Recorded	Input	Output	Balance
04/17	07:00-13:41	43	200	-157
04/16	7a - 3p	580.5	500	80.5
	3p - 11p	930.5	500	430.5
	11p - 7a	60	375	-315
	24hr total	1571	1375	196

Telemetry: No events on the monitor over the past 24 hours.

Printed by: Maslyn, Sylvia L
Printed on: 04/18/2019 11:05 EDT

[redacted]

r

Medications (16) Active

Scheduled: (11)

acetylcysteine (Mucomyst-10 inhalation solution) *200 mg = 2 mL, Nebulizer, RT Q6hr*
albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) *2.5 mg = 3 mL, Nebulizer, RT Q6hr*
ceFAZolin *2 g = 50 mL, IV Piggyback, Once Scheduled*
cholecalciferol *1,000 int_units = 1 tab, Oral, Daily*
hydroxychloroquine *200 mg = 1 tab, Oral, BID*
insulin regular *Sliding Scale #1, Subcut, BID*
methylPREDNISolone (SOLUMedrol) *20 mg = 0.5 mL, IV Push, Q12hr*
pantoprazole (Protonix) *40 mg = 10 mL, IV Push, Q24hr*
sodium chloride (NS flush) *10 mL, IV, Q12hr*
sodium chloride (NS flush) *10 mL, IV, Q12hr*
sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim DS 800 mg-160mg) *1 tab, Oral, Q M, W, & F*

Continuous: (1)

D5 NS 1,000 mL *1,000 mL, IV, 50 mL/hr*

PRN: (4)

acetaminophen (Tylenol) *650 mg = 2 tab, Oral, Q6hr*
acetaminophen (Tylenol) *650 mg = 1 suppos, Rectal, Q6hr*
ondansetron (Zofran) *4 mg = 2 mL, IV Push, Q6hr*
phenol topical (Chloraseptic 1.4% topical spray) *1 spray, Oral, Q6hr*

Physical Exam:

CONSTITUTIONAL: Comfortable, NAD, normal weight, habitus, and appearance

HEENT: No JVD, HJR, carotid bruits.

LUNGS: CTAB, Good symmetrical chest wall expansion

HEART: PMI non discplaced, Normal S1, physiologically split S2, RRR, no gallops, rubs, murmurs.

ABDOMEN: Positive bowel sounds, soft, non-tender

EXTERMITIES: No edema, good pulses

NEURO: AAOx3, no acute deficits

SKIN: No rashes

PSYCH: Normal mood and affect

LABS:

Hematology Basic - Last 36 hours (25)	Result	Date/Time
WBC	12.7 (H)	04/17 05:00
RBC	3.49 (L)	04/17 05:00
Hgb	9.5 (L)	04/17 05:00
Hct	30.6 (L)	04/17 05:00
MCV	87.7	04/17 05:00
MCH	27.2	04/17 05:00
MCHC	31.0 (L)	04/17 05:00
RDW-SD	53.6 (H)	04/17 05:00

Radiology - Last 36 hours (0)
No results in past 36 hours

ASSESSMENT & PLAN:

[ ]Rhabdomylosis or polmyositis -followed by renal
2. Electrolyte abnormalities with hypokalemia and hypophsophetemia -continue monitoring
3. Pneumonia IV Tygacil
   Nebulizers, O2
. Systemic lupus reviewed medications, on hydroxychloroquine-followed by Dr. Mendoza
5. Recent history of pulmonary emobli on eliquis
6. Anemia last hemoglobin 10.0
7. Elevated LFTs

--Due to patient's high acuity, patient stay in ICU
--Poor venous access, triple lumen CVC order to be placed in IR. Opted to not do mid or PICC line due to high risk for clot for peripheral midline or PICC line.
--Video swallow study was dfone and she failed
--NG tube for meds and feedings
--Discussed time line for PEG tube placement with Dr. Chakravorty. Plans for placement once pulmonary status improves, hold eliqus she was transfer to icu , and referal to kindrted for wensday
PEG was done today , she is NPO , start D5 % for now

Signature Line
:lectronically Signed On 04/17/19 15:30 EDT

NADER DARIA MD, DANIEL

Completed Action List:
* Perform by NADER DARIA MD, DANIEL on April 17, 2019 13:43 EDT
* Sign by NADER DARIA MD, DANIEL on April 17, 2019 15:30 EDT Requested by NADER DARIA MD, DANIEL on April 17, 2019 15:30 EDT
* VERIFY by NADER DARIA MD, DANIEL on April 17, 2019 15:30 EDT

Result type:	Progress Note EMR
Result date:	April 17, 2019 13:41 EDT
Result status:	Auth (Verified)
Performed by:	NADER DARIA MD, DANIEL on April 17, 2019 13:43 EDT
Verified by:	NADER DARIA MD, DANIEL on April 17, 2019 15:30 EDT
Encounter info:	24595191, PBG, 1 - Inpatient, 04/05/2019 -

[redacted]

* Final Report *

PROGRESS NOTE - INFECTIOUS DISEASES
A Suarez MD

)ate of Encounter: 04/16/2019 23:21

Interval History:

Was scheduled to have PEG tube placement earlier today but this was delayed until tomorrow. No other new developments.

Obective:

Vital Signs

Vital Signs:	Last Charted:		24 Hr Minimum:		24 Hr Maximum:	
Temp F	98.4	(04/16 20:00)	97.9 (L)	(04/16 07:00)	98.4	(04/16 12:00)
Heart Rate	116 (H)	(04/16 23:00)	86	(04/16 02:00)	117 (H)	(04/16 07:00)
Resp Rate	17	(04/16 23:00)	15	(04/16 01:00)	30 (H)	(04/16 07:00)
SBP	98	(04/16 23:00)	86 (L)	(04/16 09:00)	127	(04/16 07:00)
DBP	57 (L)	(04/16 23:00)	49 (L)	(04/16 08:00)	65	(04/16 01:00)
SpO2	98	(04/16 23:00)	95	(04/16 09:04)	100	(04/16 01:00)

Physical Findings

No apparent distress.
Vital signs are stable. Afebrile the last several days.
.ungs are clear anteriorly.
Abdomen is soft and nontender. Peristalsis is present.
Extremities without signs of phlebitis or cellulitis

Ancillary Data:

Chemistry Comprehensive - Last 36 hours (23)	Result	Date/Time
Sodium Lvl	134 (L)	04/16 05:16
Potassium Lvl	4.2	04/16 05:16
Chloride Lvl	99.6	04/16 05:16
CO2	27.0	04/16 05:16
Glucose Level	102	04/16 05:16
BUN	15	04/16 05:16

[redacted]

Creatinine Lvl	0.2 (L)	04/16 05:16
AGAP	7 (L)	04/16 05:16
BUN/Creat	75 (H)	04/16 05:16
Total Protein	6.7	04/16 05:16
Albumin Lvl	2.4 (L)	04/16 05:16
Calcium Lvl	8.5 (L)	04/16 05:16
Alk Phos	53.0	04/16 05:16
AST	89.0 (H)	04/16 05:16
ALT	128.0 (H)	04/16 05:16
Globulin	4	04/16 05:16
A/G Ratio	0.6 (L)	04/16 05:16
Calcium Corrctd	10	04/16 05:16
GFR African Am	>60.0	04/16 05:16
GFR Non African Am	>60.0	04/16 05:16
Magnesium Lvl	1.8	04/16 05:16
Phosphate	4.2	04/15 06:30
Bill Total	0.4	04/16 05:16
		04/16 05:16

Hematology Basic - Last 36 hours (25)

	Result	Date/Time
WBC	13.7 (H)	04/16 05:16
RBC	3.42 (L)	04/16 05:16
Hgb	9.2 (L)	04/16 05:16
Hct	29.5 (L)	04/16 05:16
MCV	86.3	04/16 05:16
MCH	26.9 (L)	04/16 05:16
MCHC	31.2 (L)	04/16 05:16
RDW-SD	52.9 (H)	04/16 05:16
RDW-CV	19.1 (H)	04/16 05:16
Platelet Count	170	04/16 05:16
MPV	11.0	04/16 05:16
NRBC Auto Abs	0.04 (H)	04/16 05:16
NRBC Auto Rel	0.3	04/16 05:16
Neutrophil Rel	83.6 (H)	04/16 05:16
Lymphocyte Rel	7.8 (L)	04/16 05:16
Monocyte Rel	5.3	04/16 05:16
Eosinophil Rel	0.1	04/16 05:16
Basophil Rel	0.1	04/16 05:16
Imm Gran Rel	11.44 (H)	04/16 05:16
Neutrophil Abs	1.07	04/16 05:16
Lymphocyte Abs	0.72	04/16 05:16
Monocyte Abs	0.01	04/16 05:16
Eosinophil Abs	0.01	04/16 05:16
Basophil Abs	0.42 (H)	04/16 05:16
Imm Gran Abs		04/16 05:16

Microbiology - Last 7 days (2)

	Result Date/Time
Blood Culture (Peripheral Draw) Negative	04/10 23:01
Blood Culture (Peripheral Draw) Negative	04/10 23:01

Radiology - Last 36 hours (1)

Latest chest x-ray was on the 12th and it was stable

Assesment:

Day #10 of tigecycline for treatment of bibasilar aspiration pneumonia, hopefully resolved
Still doubt opportunistic pneumonia but will keep in mind.
Probable ongoing aspiration, scheduled to have PEG tube tomorrow
Long-standing systemic lupus on long-term immunosuppressive therapy with the consequential risk for opportunistic infection.

Plan:

Will stop tigecycline at this point and monitor off of antibiotics.
Timing of resumption of CellCept as per rheumatology
Continue PCP prophylaxis with Bactrim.
Monitor sites at risk for nosocomial infection
Scheduled for PEG tube tomorrow

Signature Line
Electronically Signed On 04/17/19 00:28 EDT

SUAREZ MD, ANDRES E

Completed Action List:

```
* Perform by SUAREZ MD, ANDRES E on April 17, 2019 00:22 EDT
* Modify by SUAREZ MD, ANDRES E on April 17, 2019 00:25 EDT
* Modify by SUAREZ MD, ANDRES E on April 17, 2019 00:26 EDT
* Modify by SUAREZ MD, ANDRES E on April 17, 2019 00:26 EDT
* Sign by SUAREZ MD, ANDRES E on April 17, 2019 00:28 EDT
on April 17, 2019 00:28 EDT
* VERIFY by SUAREZ MD, ANDRES E on April 17, 2019 00:28 EDT Requested by SUAREZ MD, ANDRES E
on April 17, 2019 00:28 EDT
```

Result type: Progress Note EMR
Result date: April 16, 2019 23:21 EDT
Result status: Auth (Verified)

Performed by: SUAREZ MD, ANDRES E on April 17, 2019 00:22 EDT
Verified by: SUAREZ MD, ANDRES E on April 17, 2019 00:28 EDT
Encounter info: 24595191, PBG, 1 - Inpatient, 04/05/2019 -

[redacted]

*** Final Report ***

Progress Note

Date/Time Note Created: 04/16/2019 23:07

Date/Time Patient Seen: 04/16 8 AM

GI Progress Note

Subjective:

Anesthesiology rescheduling the procedure of EGD and PEG to be done in Operating Room

Objective:

Vital Signs:	Last Charted:		24 Hr Minimum:		24 Hr Maximum:	
Temp C Converted	36.8	(04/16 16:00)	36.4	(04/16 00:13)	36.9	(04/16 12:00)
Temp F	98.2	(04/16 16:00)	97.9 (L)	(04/16 07:00)	98.4	(04/16 12:00)
Heart Rate	100	(04/16 22:00)	86	(04/16 02:00)	117 (H)	(04/16 07:00)
Resp Rate	15	(04/16 22:00)	15	(04/16 00:13)	30 (H)	(04/16 07:00)
SBP	98	(04/16 17:00)	86 (L)	(04/16 09:00)	127	(04/16 07:00)
DBP	54 (L)	(04/16 17:00)	49 (L)	(04/16 08:00)	65	(04/16 01:00)
SpO2	100	(04/16 22:00)	95	(04/16 09:04)	100	(04/16 00:13)

Liver Enzymes Basic - Last 36 hours (4)	Result	Date/Time
Bili Total	0.4	04/16 05:16
Alk Phos	53.0	04/16 05:16
ALT	128.0 (H)	04/16 05:16
AST	89.0 (H)	04/16 05:16

Hematology Basic - Last 36 hours (25)	Result	Date/Time
WBC	13.7 (H)	04/16 05:16
RBC	3.42 (L)	04/16 05:16
Hgb	9.2 (L)	04/16 05:16
Hct	29.5 (L)	04/16 05:16
MCV	86.3	04/16 05:16
MCH	26.9 (L)	04/16 05:16
MCHC	31.2 (L)	04/16 05:16
RDW-SD	52.9 (H)	04/16 05:16
RDW-CV	19.1 (H)	04/16 05:16
Platelet Count	170	04/16 05:16
MPV	11.0	04/16 05:16
NRBC Auto Abs	0.04 (H)	04/16 05:16
NRBC Auto Rel	0.3	04/16 05:16
Neutrophil Rel	83.6 (H)	04/16 05:16

[redacted]

Lymphocyte Rel	7.8 (L)	04/16 05:16
Monocyte Rel	5.3	04/16 05:16
Eosinophil Rel	0.1	04/16 05:16
Basophil Rel	0.1	04/16 05:16
Imm Gran Rel	3.1 (H)	04/16 05:16
Neutrophil Abs	11.44 (H)	04/16 05:16
Lymphocyte Abs	1.07	04/16 05:16
Monocyte Abs	0.72	04/16 05:16
Eosinophil Abs	0.01	04/16 05:16
Basophil Abs	0.01	04/16 05:16
Imm Gran Abs	0.42 (H)	04/16 05:16

Coagulation Basic - Last 36 hours (0)	Result	Date/Time

Chemistry Comprehensive - Last 36 hours (23)	Result	Date/Time
Sodium Lvl	134 (L)	04/16 05:16
Potassium Lvl	4.2	04/16 05:16
Chloride Lvl	99.6	04/16 05:16
CO2	27.0	04/16 05:16
Glucose Level	102	04/16 05:16
BUN	15	04/16 05:16
Creatinine Lvl	0.2 (L)	04/16 05:16
AGAP	7 (L)	04/16 05:16
BUN/Creat	75 (H)	04/16 05:16
Total Protein	6.7	04/16 05:16
Albumin Lvl	2.4 (L)	04/16 05:16
Calcium Lvl	8.5 (L)	04/16 05:16
Alk Phos	53.0	04/16 05:16
AST	89.0 (H)	04/16 05:16
ALT	126.0 (H)	04/16 05:16
Globulin	4	04/16 05:16
A/G Ratio	0.6 (L)	04/16 05:16
Calcium Corrctd	10	04/16 05:16
GFR African Am	>60.0	04/16 05:16
GFR Non African Am	>60.0	04/16 05:16
Magnesium Lvl	1.8	04/15 06:30
Phosphate	4.2	04/16 05:16
Bili Total	0.4	04/16 05:16

Radiology - Last 36 hours (1)
XR Swallowing Function W/ Video (04/15 11:10)
Please review the final report in the patient's chart.

Physical Exam:

GENERAL: [No acute distress, non-toxic appearing.] _
HEAD: [Normal with no signs of head trauma.] _
EYES: [PERRLA, EOMI, conjunctiva normal, no discharge.] _
ENT: [Hearing grossly intact, normal oropharynx.] _
NECK: [Supple, no tenderness, no lymphadenopathy, no masses, no thyromegaly,no bruits, no JVD.] _
LUNGS: [Clear breath sounds bilaterally. No wheezes, rales, or rhonchi.] _

HEART: [Regular rate and rhythm. Normal S1 and S2, without murmurs, rub or gallop] _
VASC: [No edema. Peripheral pulses normal and equal in all extremeties.] _
ABD: [Bowel sounds normal, soft, nontender, no masses, no organomegaly.] _
GU: [Normal] _
LYMPH: [No lymphadenopathy noted.] _
EXT: [Normal range of motion, no joint swelling, no clubbing, no cyanosis.] _
SKIN: [No rashes or lesions.] _
NEURO: [Alert and oriented x3. Normal affect. Cranial nerves intact. No focal sensory or strength deficits. Reflexes symmetric.] _

Assessment/Plan:
Will plan to do EGD and PEG tube tomorrow in OR

Signature Line
Electronically Signed On 04/17/19 08:47 EDT

CHAKRAVORTY MD, SUMANT K

Completed Action List:
* Perform by CHAKRAVORTY MD, SUMANT K on April 16, 2019 23:08 EDT
* Sign by CHAKRAVORTY MD, SUMANT K on April 17, 2019 08:47 EDT Requested by CHAKRAVORTY MD, SUMANT K on April 17, 2019 08:47 EDT
* VERIFY by CHAKRAVORTY MD, SUMANT K on April 17, 2019 08:47 EDT

Result type:	Progress Note EMR
Result date:	April 16, 2019 23:07 EDT
Result status:	Auth (Verified)
Performed by:	CHAKRAVORTY MD, SUMANT K on April 16, 2019 23:08 EDT
Verified by:	CHAKRAVORTY MD, SUMANT K on April 17, 2019 08:47 EDT
Encounter info:	24595191, PBG, 1 - Inpatient, 04/05/2019 -

[redacted]

* Final Report *

Progress Note

Date/Time Note Created: 04/15/2019 17:50

Date/Time Patient Seen: _4/15/19

Subjective:

Patient seen and examined. She is stronger today looks a lot better. Sitting up with more strength. But remains profoundly weak. She is accompanied by her family members who helps supplement the history. She still is markedly weak with oropharyngeal muscle dysfunction is still unable to swallow her saliva. PEG tube is tentatively scheduled for tomorrow.

Objective:

Vital Signs:	Last Charted:		24 Hr Minimum:		24 Hr Maximum:	
Temp C Converted	36.7	(04/15 16:00)	36.6	(04/15 04:00)	36.9	(04/15 11:45)
Temp F	98.1	(04/15 16:00)	97.8 (L)	(04/15 04:00)	98.2	(04/14 20:00)
Heart Rate	98	(04/15 16:11)	83	(04/15 03:26)	134 (H)	(04/15 11:00)
Resp Rate	21 (H)	(04/15 16:11)	14	(04/15 01:00)	38 (H)	(04/14 19:00)
SBP	90	(04/15 16:00)	89 (L)	(04/15 10:00)	115	(04/15 11:45)
DBP	57 (L)	(04/15 16:00)	55 (L)	(04/15 03:00)	71	(04/14 21:00)
SpO2	100	(04/15 16:11)	98	(04/14 23:00)	100	(04/15 00:00)

	Date	Result
Dosing Weight		
Current Weight		
Previous Weight		
Admit Weight	04/05	52 kg
BMI		
Height		

Medications (15) Active

Scheduled: (12)

acetylcysteine (Mucomyst-10 inhalation solution) *200 mg = 2 mL, Nebulizer, RT Q6hr*
albuterol (albuterol 2.5 mg/3 mL (0.083%) inhalation solution) *2.5 mg = 3 mL, Nebulizer, RT Q6hr*
ceFAZolin *2 g = 50 mL, IV Piggyback, Once Scheduled*
cholecalciferol *1,000 int_units = 1 tab, Oral, Daily*
hydroxychloroquine *200 mg = 1 tab, Oral, BID*
insulin regular *Sliding Scale #1, Subcut, BID*
methylPREDNISolone (SOLUMedrol) *20 mg = 0.5 mL, IV Push, Q12hr*
pantoprazole (Protonix) *40 mg = 10 mL, IV Push, Q24hr*
sodium chloride (NS flush) *10 mL, IV, Q12hr*
sodium chloride (NS flush) *10 mL, IV, Q12hr*
sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim DS 800 mg-160mg) *1 tab, Oral, Q M, W, & F*
tigecycline (Tygacil) *50 mg = 5 mL, IV Piggyback, Q12hr*

Continuous: (0)

[redacted]

PRN: (3)
acetaminophen (Tylenol) *650 mg = 2 tab, Oral, Q6hr*
acetaminophen (Tylenol) *650 mg = 1 suppos, Rectal, Q6hr*
ondansetron (Zofran) *4 mg = 2 mL, IV Push, Q6hr*

Liver Enzymes Basic - Last 36 hours (0)	Result	Date/Time

Hematology Basic - Last 36 hours (0)	Result	Date/Time

Coagulation Basic - Last 36 hours (0)	Result	Date/Time

Chemistry Basic - Last 36 hours (1)	Result	Date/Time
Magnesium Lvl	1.8	04/15 06:30

Cardiac Studies Basic - Last 36 hours (1)	Result	Date/Time
CK Total	2281.0 (H)	04/15 06:30

Blood Gases Basic - Last 36 hours (0)	Result	Date/Time

Physical Exam:
General: [Awake, alert, ortiented, no acute distress] chronically ill-appearing.
HEENT: [pupils equal round and reactive to light and accommodation, extraocular movements intact, moist mucosa, oropharynx clear]
Neck: [Trachea midline, supple]
Respiratory: [Normal chest wall expansion, clear to auscultation bilaterally. No rales No rhonchi No wheezes No rubs]
Cardiovascular: [Regular rate and rhythm No murmurs No rubs No gallops Normal S1 and S2]
Abdomen: [Soft, non-tender, non-distended, normal bowel sounds in all quadrants, no guarding or rebound]
Musculoskeletal: No synovitis.
Integumentary: [no rashes or sores]
Heme/Lymph: [no lymphadenopathy, no bruises]
Neurological: [Profoundly weak in the extremities. 4- grip strength bilaterally. Unable to abduct her proximal arms or hip flexors against gravity.
Psychiatric: [cooperative, appropriate mood and affect]
Extremities: [no lower extremity edema]

Assessment/Plan:

Lupus with myositis. Profoundly weak from the myositis. She has had some improvement. Clinically she looks better. She still needs a PEG tube since she is not even able to swallow her saliva at this time due to profound weakness including oropharyngeal muscle weakness. This is tentatively scheduled for tomorrow.

I will decrease Solu-Medrol slightly to 20 mg twice daily.

Now that the pneumonia has been treated for over a week, I will escalate therapy and add additional immunotherapy with Rituxan 1 g IV x1 for treatment of myositis. I discussed the risk, benefits, side effects and alternatives with patient and family, patient is agreeable to proceed with treatment. Patient has a negative TB PPD on record from here at the hospital from her last hospitalization in January. I spoke with the pharmacist who will work towards acquiring the medication for patient.

Tentative plan is to eventually resume the CellCept but first she needs a dose of Rituxan.

Continue hydroxychloroquine.

I will update labs including lupus activity markers.

I reviewed her records and recent labs.

Continue physical therapy.

Signature Line
Electronically Signed On 04/15/19 17:54 EDT

MENDOZA MD, PAUL D

Completed Action List:
* Perform by MENDOZA MD, PAUL D on April 15, 2019 17:54 EDT
* Sign by MENDOZA MD, PAUL D on April 15, 2019 17:54 EDT
* VERIFY by MENDOZA MD, PAUL D on April 15, 2019 17:54 EDT

Result type:	Progress Note EMR
Result date:	April 15, 2019 17:50 EDT
Result status:	Auth (Verified)
Result title:	Rheumatology progress note
Performed by:	MENDOZA MD, PAUL D on April 15, 2019 17:54 EDT
Verified by:	MENDOZA MD, PAUL D on April 15, 2019 17:54 EDT
Encounter info:	24595191, PBG, 1 - Inpatient, 04/05/2019 -

Printed by: Maslyn, Sylvia L
Printed on: 04/18/2019 11:07 EDT

[redacted]

* Final Report *

Nutrition Services Note Entered On: 04/16/2019 11:29 EDT
Performed On: 04/16/2019 11:28 EDT by Brennan RD/LD, Charity

Nutrition Services Note
Dietary Note : Pt seen in MI for f/u on Excessive EN infusion

respiratory PNA vs aspiration per MD notes, dysphagia, pending PEG. Progressive muscular dystrophy per MD note. Osmolite 1.2 bolus @ 330mL/hr TID with free water flushes of 65mL pre/post bolus. Per SLP VSE 4/15, recs NPO. Per RN, providing bolus as ordered; pt tolerating with no residuals; +BM x 2 yesterday; plan for PEG tomorrow-attempted yesterday but concern for airway protection.

Labs: 4/16 ALT/AST (H), CK (H), Na 134 (L), Cr 0.2 (L), GLu 139 (H)

Meds: cefazolin, Vit D, insulin, protonix, NaCl

Diet: NPO + Osmolite 1.2 bolus 330mL TID

Skin: per wound care 4/9, Stage 2 PI to coccyx

CBW 55.1kg, 52kg
Estimated nutrient needs: 55.1kg
Calories: (25-30) 1378-1653kcal
Protein: (1.3-1.6) 72-88g
Fluid: (1mL/kcal) 1378-1653mL

Nutrition diagnosis: Excessive EN infusion resolved

Plan:
-s/p PEG, continue current TF: Bolus Osmolite 1.2 @ 330mL/hr Q 6hrs. Free water flushes of 65mL pre/post bolus.
-continue to monitor labs, meds, wt, skin, BM, TF tolerance, and poc

RD to f/u per policy

Brennan RD/LD, Charity - 04/16/2019 11:30 EDT

Completed Action List:
* Perform by Brennan RD/LD, Charity on April 16, 2019 11:30 EDT
* Sign by Brennan RD/LD, Charity on April 16, 2019 11:30 EDT
VERIFY by Brennan RD/LD, Charity on April 16, 2019 11:30 EDT

[redacted]

* Final Report *

Nutrition Assessment Entered On: 04/08/2019 15:53 EDT
Performed On: 04/08/2019 15:46 EDT by Ellis, Kimberly

Assessment/Reassessment
Nutrition Assessment : Initial assessment
Nutrition Referral Source : Other: braden/tube feed
Nutrition History : Difficulty swallowing, Unintentional weight loss
Appetite : N/A- NPO
Nutrition Medication Review : No food and drug interactions, Other: Vit D, insulin, solu-medrol, protonix
Nutrition Results Review : No significant nutrition concerns
Nutrition Assessment Comment : Admit Dx; anemia, elevated liver enzymes, elevated troponin, fever, pneumonia medical Hx; pulmonary embolism, lupus

Ellis, Kimberly - 04/08/2019 15:46 EDT

Diet Information
Current Diet Order : NPO -- 04/06/2019 16:46:00 EDT, Continuous

atient Diet Information : Regular

Ellis, Kimberly - 04/08/2019 15:46 EDT

Current Nutrition Status
Current Nutrition Risk Level : High
Skin Issues : Other: No pressure injuries noted.
Current Nutrition Status Comment : Pt seen in ICU with family and RN present. Started having trouble swallowing after she began prednisone about at year ago. Now it's getting worse. UBW one year ago was 135#. Current weight in hospital is 121# but Pt says she is 114#. Has NG in.
(Comment: Has been getting jevity 1.5 TID. Mom said she had a bolus this AM. [Ellis, Kimberly - 04/08/2019 15:53 EDT])

Ellis, Kimberly - 04/08/2019 15:46 EDT

Nutrition Concerns Labs
Albumin/Prealbumin Grid
Albumin : Moderate depletion

Ellis, Kimberly - 04/08/2019 15:53 EDT

ab Values Comments : HGB 9.4L, HCT 30.4L, albumin 2.2L, ALT 146H, AST 162H, accuchecks; 105-181, 214

Ellis, Kimberly - 04/08/2019 15:53 EDT

Estimated Nutrition Needs
Weight Information : Nutrition Information:
Height:157 cm (04/05/2019 22:25)
Current Weight:55.1 kg (04/05/2019 22:25)
BMI:22 kg/m2 (04/05/2019 22:25)
Recent Weight Loss:No (04/05/2019 22:20)
BSA:1.54 (04/05/2019 22:25)

Admission Weight : 52 kg
Weight Change kg : 3 kg
Weight Change % : 6 %
Current Weight : 55.1 kg

[redacted]

* Final Report *

PBG-Progress Notes
PULMONARY MEDICATIONS PROGRESS NOTE

DATE OF VISIT: 04/18/2019

'UBJECTIVE: The patient is doing very well from a pulmonary perspective. She .enies any cough or dyspnea. She feels she is getting a little stronger. The O2 sat is 100% on low-flow nasal cannula. She did undergo PEG tube placement yesterday.

PHYSICAL EXAMINATION:
VITAL SIGNS: She is afebrile, heart rate of 87, respirations 13, blood pressure 95/69.
LUNGS: Completely clear bilaterally. No crackles or wheezes.
HEART: Regular rate and rhythm. Normal S1, S2.
ABDOMEN: Soft and benign, nontender.
EXTREMITIES: No pedal edema.

LABORATORY DATA: From today reveals a CK of 1520, down from 2515 yesterday.

MPRESSION: Recurrent aspiration pneumonia, in a setting of progressive dysphagia and collagen vascular disease. She is clinically improved. She did undergo successful percutaneous endoscopic gastrostomy tube placement yesterday.

RECOMMENDATIONS: I will continue her present bronchodilator treatments. Further steroid taper will be deferred to the rheumatologist. The patient has completed a course of antibiotics as outlined by the infectious disease service. I will sign off at this time. Discharge planning is deferred to the primary service. Thank you very much for courtesy of this consultation.

_____
'OSE A. DEOLAZABAL, DO

TR:JAD/HN
DD:04/18/2019 09:23 EDT
DT:04/18/2019 10:09 EDT
Dictation ID: 26117398/Confirmation #: 124506
R:

Authenticated by JOSE A DEOLAZABAL DO [01049] on 04/18/2019 at 10:43:00
PGN*Progress Note*

[redacted]

Completed Action List:
* Perform by DEOLAZABAL DO, JOSE A on April 18, 2019 09:12 EDT
* Sign by DEOLAZABAL DO, JOSE A on April 18, 2019 10:43 EDTRequested on April 18, 2019 10:15 EDT
* VERIFY by DEOLAZABAL DO, JOSE A on April 18, 2019 10:43 EDT

Result type:	Progress Note
Result date:	April 18, 2019 09:23 EDT
Result status:	Modified
Result title:	PBG-Progress Notes
Performed by:	DEOLAZABAL DO, JOSE A on April 18, 2019 09:12 EDT
Verified by:	DEOLAZABAL DO, JOSE A on April 18, 2019 10:43 EDT
Encounter info:	24607491, PBG, 0 - Preadmit, 04/15/2019 -
Contributor system:	PBG_TRANS

[redacted]

Assessment Weight : 55.1 kg
Assessment Height : 157 cm
Assessment Weight Used : Current weight
Protein Need Low : 1.1 g/kg
Fluid Need Low : 25 mL/kg
Protein Calculated Need Low : 61 g/day
Fluid Calculated Need Low : 1,378 mL/day
Protein Need High : 1.3 g/kg
Fluid Need High : 35 mL/kg
Protein Calculated Need High : 72 g/day
Fluid Calculated Need High : 1,929 mL/day
Age : 34 year
Gender : Female
Trauma Status : Absent
Burn Status : Absent
Estimated Energy Expenditure : 1,861 kCal/day
Nutrition Need Explanation : Maintenance needs
IJEE (spontaneous breathing) : 1,633 kCal/day
BMI Greater than 27 kg/m2 : Absent
Resting Energy Expenditure : 1,201 kCal/day
Estimated Nutrition Comment : Estimated energy needs based off mifflon st jeor with activity factor of 1.2-1.4=1441-1681 kcals/day.

Ellis, Kimberly - 04/08/2019 15:53 EDT

Nutrition Diagnosis #1
Oral or Nutrition Support Intake #1 : Inadequte oral intake NI-2.1
Etiology #1 : Other: current tube feed
Symptoms #1 : Other: tube feed only meeting 74% of needs.

Ellis, Kimberly - 04/08/2019 15:53 EDT

Nutrition Goals
Nutrition Goal #1 : Meet 75% of estimated needs/all sources nutrient intake
Nutrition Goal #2 : Tolerate tube feeding goal

Ellis, Kimberly - 04/08/2019 15:53 EDT

Monitoring/Recommendations
Monitor Patient Nutrition Plan : Lab results, Weight, I&O, Drug/nutrient intolerance
Nutrition Plan Recommendations : Initiate/change TF
Recommendations Specific Instructions : Recommend Jevity 1.5 240 ml 4 times/day.
Tube Feeding Recommendations : Change rate
Tube Feeding Specific Instructions : Recommend Jevity 1.5 240 ml 4 times per day
-will provide 1420 kcals; 60 gm protein; 720 ml free water.
Nutrition Discharge Needs : Other: Pending hospital plan of care.
Nutrition POC Discussion : Patient, Family, RN

Ellis, Kimberly - 04/08/2019 15:53 EDT

Completed Action List:
* Perform by Ellis, Kimberly on April 08, 2019 15:53 EDT
* Sign by Ellis, Kimberly on April 08, 2019 15:53 EDT
* VERIFY by Ellis, Kimberly on April 08, 2019 15:53 EDT

[redacted]

Result type:	Nutrition Assessment - Text
Result date:	April 08, 2019 15:46 EDT
Result status:	Auth (Verified)
Result title:	Nutrition Assessment
Performed by:	Ellis, Kimberly on April 08, 2019 15:53 EDT
Verified by:	Ellis, Kimberly on April 08, 2019 15:53 EDT
Encounter Info:	24595191, PBG, 1 - Inpatient, 04/05/2019 -

[DN Daria MD, 04/19/19 11:57]

Cosigned: apixaban (Eliquis): per feeding tube tab,5 mg,
Start 04/19/19 09:00, q12h, (9 21), stop after 45 days, renewable.
Read back verification: Yes, order read back to provider.

Cosigned: Code status: CPR: yes
Advance directives reviewed: yes
Life sustaining treatments desired:
Intubation
Mechanical ventilation
Transcutaneous pacing
Cardioversion
Vasopressors
Anti-arrhythmics
Hemodialysis
Blood products
Antimicrobials
Artificial feeding and hydration

REASON(S) FOR RESUSCITATION STATUS:
Per patient request,
Start today (04/18/19), cont., stop after 1,000 days, renewable.
Read back verification: Yes, order read back to provider.

Cosigned: NPO except for tube feedings:
Start today (04/18/19), cont., stop after 90 days, renewable.
Read back verification: Yes, order read back to provider.

Cosigned: Osmolite 1.2: tube type: Gastrostomy tube/ PEG.
Vol: 330 ml/feed rate: bolus
Start today (04/18/19), q6h, (00 6 12 18), stop after 90 days, renewable.
Read back verification: Yes, order read back to provider.

Cosigned: water: per feeding tube liq, 65 mL,
Start 04/19/19 05:00, q4h, (1 5 9...21), stop after 539 exec, renewable.
Read back verification: Yes, order read back to provider.

Cosigned: water: per feeding tube liq, 65 mL,
Start today (04/18/19), x1, not renewable.
Read back verification: Yes, order read back to provider

Cosigned: GI consult: Michael Tindel MD (Kindred - Palm Beaches)

Record note

[Addendum by K Powell RN, 04/21/19 12:52]
Order acknowledged by K Powell RN at 04/21/19 12:51

Physician orders
[A Cho Pharmacist for CS Altus MD (telephone), 04/21/19 11:32]

acetaminophen, PO tab,650 mg,
Start today (04/21/19), q6h, prn fever, temp > 101.5, mild pain, stop after 45 days, renewable.
Read back verification: No, consult

Record note
[Addendum by K Powell RN, 04/21/19 12:52]
Order acknowledged by K Powell RN at 04/21/19 12:51

Physician orders
[I Desormes CCC-SLP for CS Altus MD (telephone), 04/21/19 11:17]

pharmacy consult: for recommendations on Please transition medications to po at this time. Pt passed swallow eval
Start today (04/21/19), x1, not renewable.
Read back verification: Yes, order read back to provider.

Record note
[Addendum by K Powell RN, 04/21/19 12:52]
Order acknowledged by K Powell RN at 04/21/19 12:51

Physician orders
[K Powell RN for CS Altus MD (telephone), 04/21/19 11:06]

General diet:
Food consistency: minced & moist (level 5)
Liquid consistency: thin liquids
Portion size: standard
Start today (04/21/19), cont., stop after 90 days, renewable.
Read back verification: Yes, order read back to provider.

Record note
[Addendum by K Powell RN, 04/21/19 11:12]
Order acknowledged by K Powell RN at 04/21/19 11:12

Physician orders
[I Desormes CCC-SLP for CS Altus MD (telephone), 04/21/19 09:07]

Swallowing study bedside:
Start 04/21/19 09:07, x1, not renewable.
Read back verification: Yes, order read back to provider.

Record note
[Addendum by K Powell RN, 04/21/19 11:05]
Order acknowledged by K Powell RN at 04/21/19 11:05

Physician orders
[A Cho Pharmacist for MR Roger (telephone), 04/21/19 08:50]

Discontinue order:
sulfamethoxazole 800mg/trimethoprim 160mg DS: per feeding tube tab, 1 tab,
3/wk, (Mo We Fr @ 09), start 04/19/19 09:00, stop after 7 days, not

[M Tindel MD, 04/23/19 17:47]

Record note
[Addendum by L Whitmore RN, 04/23/19 17:56]
Order acknowledged by L Whitmore RN at 04/23/19 17:56

Physician orders
[M Tindel MD, 04/23/19 17:47]

Sedimentation Rate:
Start 04/24/19 06:00, x1, not renewable, ancil dept to draw.

Record note
[Addendum by L Whitmore RN, 04/23/19 17:56]
Order acknowledged by L Whitmore RN at 04/23/19 17:56

Physician orders
[I Desormes CCC-SLP for DN Daria MD (telephone), 04/23/19 17:34]

Modified barium,
Start 04/23/19 17:34, x1, not renewable.
Read back verification: Yes, order read back to provider.

Record note
[Addendum by L Whitmore RN, 04/23/19 17:46]
Order acknowledged by L Whitmore RN at 04/23/19 17:46

Physician orders
[I Desormes CCC-SLP for DN Daria MD (telephone), 04/23/19 17:34]

Barium sulfate, PO susp, 355 ml,
TO BE MIXED AND ADMINISTERED BY SPEECH LANGUAGE PATHOLOGIST, PICK UP FROM PHARMACY
Start today (04/23/19), x1, not renewable.
Read back verification: Yes, order read back to provider.

Record note
[Addendum by L Whitmore RN, 04/23/19 17:46]
Order acknowledged by L Whitmore RN at 04/23/19 17:46

Physician orders
[I Desormes CCC-SLP for DN Daria MD (telephone), 04/23/19 17:34]

Swallow Function w/ Videorad.
R/o aspiration
Start today (04/23/19), x1, not renewable.
Read back verification: Yes, order read back to provider.

Record note
[Addendum by L Whitmore RN, 04/23/19 17:46]
Order acknowledged by L Whitmore RN at 04/23/19 17:46

Physician orders
[L Whitmore RN for DN Daria MD (telephone), 04/23/19 16:01]

Discontinue order:
Gastric residual,
Per MED/SURG MNT ProtocolIf GRV <250ml return aspirate to pt and continue TF. If GRV >250ml hold TF for 2HRS, if GRV <250ml restart TF If after TF held for 2HRS GRV >250ml, STOP TF and CALL MD.***
Q8h, (6 14 22), start 04/19/19 14:00, stop after 50 days, renewable.
Read back verification: Yes, order read back to provider.

[DN Daria MD, 04/23/19 17:54]

TO BE MIXED AND ADMINISTERED BY SPEECH LANGUAGE PATHOLOGIST, PICK UP FROM PHARMACY
Start today (04/23/19), x1, not renewable.
Read back verification: Yes, order read back to provider.

Cosigned: Swallow Function w/ Videorad.
R/o aspiration
Start today (04/23/19), x1, not renewable.
Read back verification: Yes, order read back to provider.

[M Tindel MD, 04/23/19 17:47]

Hepatitis Profile:
Start 04/24/19 06:00, x1, not renewable, ancil dept to draw.

Record note

[Addendum by L Whitmore RN, 04/23/19 17:56]
Order acknowledged by L Whitmore RN at 04/23/19 17:56

Physician orders

[M Tindel MD, 04/23/19 17:47]

Discontinue order: pantoprazole sodium enteric coated (Protonix): PO tab,40 mg,
Start 04/22/19 09:00, daily, (9), stop after 30 days, renewable.
Read back verification: No, po

Record note

[Addendum by L Whitmore RN, 04/23/19 17:56]
Order acknowledged by L Whitmore RN at 04/23/19 17:56

Physician orders

[M Tindel MD, 04/23/19 17:47]

pantoprazole sodium enteric coated, PO tab,40 mg,
Start 04/23/19 18:00, bid, (9 18), stop after 30 days, renewable.

Record note

[Addendum by L Whitmore RN, 04/23/19 17:56]
Order acknowledged by L Whitmore RN at 04/23/19 17:56

Physician orders

[M Tindel MD, 04/23/19 17:47]

Abdomen & Pelvis w/o Cont CT:
Abdominal pain and liver mass
Start today (04/23/19), x1, not renewable.

Record note

[Addendum by L Whitmore RN, 04/23/19 17:56]
Order acknowledged by L Whitmore RN at 04/23/19 17:56

Physician orders

[M Tindel MD, 04/23/19 17:47]

ANA Titer w/ Interpretation:
Start 04/24/19 06:00, x1, not renewable, ancil dept to draw.

[Addendum by L Whitmore RN, 04/23/19 18:29]

Physician orders
[S Mayne RN for DN Daria MD (telephone), 04/23/19 18:14]

Discontinue order: Ensure Enlive: Route: PO, 237 ml/feeding
Start 04/22/19 18:00, tid, (9 13 18), stop after 90 days, renewable.
Read back verification: No, per MNT protocol
Read back verification: Yes, order read back to provider.

Record note
[Addendum by L Whitmore RN, 04/23/19 18:29]
Order acknowledged by L Whitmore RN at 04/23/19 18:29

Physician orders
[DN Daria MD, 04/23/19 18:13]

mycophenolate: PO cap, 500 mg,
Start 04/23/19 21:00, q12h, (9 21), stop after 45 days, renewable.

Record note
Addendum by L Whitmore RN, 04/23/19 18:14] [
Order acknowledged by L Whitmore RN at 04/23/19 18:14

Physician orders
[DN Daria MD, 04/23/19 17:54]

Cosigned: General diet:
Food consistency: soft & bite sized (level 6)
Liquid consistency: thin liquids
Portion size: standard
Start today (04/22/19), cont., stop after 90 days, renewable.
Read back verification: No, per MNT protocol

Cosigned: Osmolite 1.2, tube type: Gastrostomy tube/ PEG.
Vol: 237 ml/feed rate: bolus
Start 04/22/19 18:00, q6h, (00 6 12 18), stop after 90 days, renewable.
Read back verification: No, per MNT protocol

Cosigned: Discontinue order:

albuterol sulfate, inhalation soln,3 ml (unit dose), med neb.
Q6h, (02 08 14 20), start 04/19/19 14:00, stop after 45 days, renewable.
Read back verification: No, clarification

Cosigned: Ensure Enlive: Route: PO, 237 ml/feeding
Start 04/22/19 18:00, tid, (9 13 18), stop after 90 days, renewable.
Read back verification: No, per MNT protocol

[BA Lukins RN for A Munim MD (telephone), 04/24/19 00:50]

Record note

[Addendum by BA Lukins RN, 04/24/19 00:50]
Order acknowledged by BA Lukins RN at 04/24/19 00:50

Physician orders

[M Tindel MD, 04/23/19 20:03]

famotidine (Pepcid): per feeding tube tab,20 mg,
Start 04/24/19 09:00, daily, (9), stop after 45 days, renewable.

Record note

[Addendum by LY Arevalo RN, 04/23/19 20:32]
Order acknowledged by LY Arevalo RN at 04/23/19 20:32

Physician orders

[S Mayne RN for DN Daria MD (telephone), 04/23/19 18:16]

NPO:
NO MEDS BY MOUTH , GIVE MEDS VIA PEG TUBE
Start today (04/23/19), cont., stop after 90 days, renewable.
Read back verification: Yes, order read back to provider.

Record note

[Addendum by L Whitmore RN, 04/23/19 18:29]
Order acknowledged by L Whitmore RN at 04/23/19 18:29

Physician orders

[DN Daria MD, 04/23/19 18:16]

methylPREDNISolone: PO tab, 28 mg,
Start 04/24/19 10:00, q24h, (10), stop after 45 days, renewable.

Record note

[Addendum by L Whitmore RN, 04/23/19 18:29]
Order acknowledged by L Whitmore RN at 04/23/19 18:29

Physician orders

[DN Daria MD, 04/23/19 18:14]

Discontinue order:
methylPREDNISolone: IV push inj, 20 mg.
Q12h, (9 21), start 04/19/19 09:00, stop after 45 days, renewable.

Record note

[Addendum by L Whitmore RN, 04/23/19 18:29]
Order acknowledged by L Whitmore RN at 04/23/19 18:29

Physician orders

[S Mayne RN for DN Daria MD (telephone), 04/23/19 18:14]

Discontinue order: General diet:
Food consistency: soft & bite sized (level 6)
Liquid consistency: thin liquids
Portion size: standard
Start today (04/22/19), cont., stop after 90 days, renewable.
Read back verification: No, per MNT protocol
Read back verification: Yes, order read back to provider.

Record note

[Addendum by L Whitmore RN, 04/23/19 18:29]
Order acknowledged by L Whitmore RN at 04/23/19 18:29

Physician orders
[RP Roferos RN for A Rabiei MD (telephone), 04/24/19 12:19]

Start ASAP (04/24/19) and then, cont., stop after 45 days, renewable.
Read back verification: Yes, order read back to provider.

Record note
[Addendum by RP Roferos RN, 04/24/19 12:19]
Order acknowledged by RP Roferos RN at 04/24/19 12:19

Physician orders
[M Mason RN for M Tindel MD (telephone), 04/24/19 09:51]

diatrizoate: PO liq, 30 mL,
Start STAT (04/24/19), x1, not renewable.
Read back verification: Yes, order read back to provider.

Record note
[Addendum by M Mason RN, 04/24/19 09:52]
Order acknowledged by M Mason RN at 04/24/19 09:52

Physician orders
[K Traendly Dietician for DN Daria MD (telephone), 04/24/19 09:29]

General diet:
Food consistency: soft & bite sized (level 6)
Liquid consistency: thin liquids
Portion size: standard
Start today (04/24/19), cont., stop after 90 days, renewable.
Read back verification: No, per MNT protocol

Record note
[Addendum by M Mason RN, 04/24/19 09:52]
Order acknowledged by M Mason RN at 04/24/19 09:52

Physician orders
[E Prince M.S., PT for DN Daria MD (telephone), 04/24/19 09:12]

Out of bed to chair:
Start today (04/24/19), cont., prn, stop after 90 days, renewable.
Read back verification: Yes, order read back to provider.

Record note
[Addendum by M Mason RN, 04/24/19 09:52]
Order acknowledged by M Mason RN at 04/24/19 09:52

Physician orders
[MR Roger, 04/24/19 08:40]

Chest 1 View AP portable:
Clinical Indicators: F/U Pneumonia: aspiration,
Start 04/25/19 06:00, x1, not renewable.

Record note
Addendum by M Mason RN, 04/24/19 09:52] [
Order acknowledged by M Mason RN at 04/24/19 09:52

Physician orders
[MR Roger, 04/24/19 08:38]

Cosigned: Peripheral venous midline,
Start today (04/23/19), x1, not renewable.

[DN Daria MD, 04/24/19 12:29]

Cosigned: Discontinue order: General diet:
Food consistency: soft & bite sized (level 6)
Liquid consistency: thin liquids
Portion size: standard
Start today (04/22/19), cont., stop after 90 days, renewable.
Read back verification: No, per MNT protocol
Read back verification: Yes, order read back to provider.

Cosigned: Discontinue order: Ensure Enlive: Route: PO, 237 ml/feeding
Start 04/22/19 18:00, tid, (9 13 18), stop after 90 days, renewable.
Read back verification: No, per MNT protocol
Read back verification: Yes, order read back to provider.

Cosigned: NPO:
NO MEDS BY MOUTH , GIVE MEDS VIA PEG TUBE
Start today (04/23/19), cont., stop after 90 days, renewable.
Read back verification: Yes, order read back to provider.

Cosigned: Discontinue order:
Barium sulfate, PO susp, 355 ml,
TO BE MIXED AND ADMINISTERED BY SPEECH LANGUAGE PATHOLOGIST, PICK UP FROM PHARMACY
X1, , start 04/23/19 17:34, stop after 1 exec, not renewable.
Read back verification: Yes, order read back to provider.

Cosigned: barium sulfate, PO susp, 355 mL,
Start STAT (04/24/19), x1, not renewable.
Read back verification: Yes, order read back to provider.

Cosigned: Out of bed to chair:
Start today (04/24/19), cont., prn, stop after 90 days, renewable.
Read back verification: Yes, order read back to provider.

Cosigned: General diet:
Food consistency: soft & bite sized (level 6)
Liquid consistency: thin liquids
Portion size: standard
Start today (04/24/19), cont., stop after 90 days, renewable.
Read back verification: No, per MNT protocol

[RP Roferos RN for A Rabiei MD (telephone), 04/24/19 12:19]

dextrose 10% in water: 1000 ml IV infusion, rate 50 ml/hr,

reverse chronological retrieval for speech pathology notes data
time span: encounter 04/18/19 00:00 to present

Impaired swallowing:
Speech notes

[I Desormes CCC-SLP, 04/25/19 14:56]

Treat swallowing dysfunction and/or oral function for feeding:
04/25/19 14:27 : executed as ordered with comment: Follow up session completed s/p pt transitioning to ICU with po tolerance. Pt resumed tube feedings to supplement for lower alertness level s/p code per SLP request to dietitian. Pt feeling more like herself and demonstrated baseline swallow performance as noted at original bedside evaluation of swallow. Pt is recommended to continue with current texture with assistance for po intake due to need for modification to clear through reduced ROM for jaw. Pt was educated regarding current standing with swallow with verbalized understanding. CXRs have been reviewed and although pt presents with LLL infiltrate, pt is recovering from bilateral infiltrates, was notably immobile in hospital bed, thus recurrence of infiltrate is high. Aspiration is more related to rt lung due to anatomical structure of bronchial chamber (more vertical and open). Additionally, pt exhibited overt s/sx of aspiration when aspiration risk was high due to functional sensory system responding to penetrated materials (frequent coughing and choking with po). Across course, pt has demonstrated minimal to no overt s/sx of aspiration and MBSS confirmed pt's need solely for compensation to address residue after the swallow with no aspiration or penetration across study. ST to follow up next week to continue po advancement to least restrictive texture.
direct patient contact: 29 /min
Co-therapy was not provided,

Speech notes

[I Desormes CCC-SLP, 04/24/19 09:47]

Modified barium. 04/24/19 08:52 :
Comment: 34 y/o female admitted to this facility for continuation of medically complicated care, was referred for MBSS to r/o risk for aspiration. Pt with recent hospitalization secondary to fever spike and cough. Pt reported significant coughing during po intake and thus pt was placed NPO and videofluoroscopy was performed. Pt was noted with significant residue that would not clear with multiple swallows which placed pt at high risk for aspiration thus PEG recommendation was made. Bedside swallow was performed in this facility and pt was placed on an oral diet secondary to improvement in swallow standing with no overt s/sx of penetration or aspiration.

Pt presented to the radiology suite up in gerichair oriented x4 and with functional cognitive standing for compensation of swallow deficits with positioning or behavior, thus compensations completed during this assessment

Items presented: thin liquids via straw, apple sauce, graham cracker

Deficits identified: reduced mandibular ROM for opening resulting in

[I Desormes CCC-SLP, 04/24/19 09:47]

modification of presentations, decreased palatal strength during swallow resulting in residue moving upward towards nasal cavity, reduced tongue base retraction resulting in lack of initiation of epiglottic inversion leading to residue in valleculae consistently across all items presented but most significantly with solids (residue cleared with liquid wash and multiple swallows), slightly reduced pharyngeal constriction resulting in slight residue on posterior pharyngeal wall

Across study, NO PENETRATION OR ASPIRATION NOTED. Residue after the swallow in valleculae was cleared with thin liquids compensating for risk of aspiration after the swallow. Pt provided education of compensation which pt independently executed premorbidly to this episode.

Results: mild oropharyngeal dysphagia

Recommendation
1. Soft bite level 6, thin liquids
2. ST to continue 2xwkx2 to progress pt to baseline with texture
3. Upright positioning
4. Alternate solids and liquids

direct patient contact: 37 /min

Impaired swallowing:

[I Desormes CCC-SLP, 04/22/19 13:53]

Treat swallowing dysfunction and/or oral function for feeding:
04/22/19 13:04 : executed as ordered with comment: Clinical analysis with education provided to pt for dysphagia with adv texture (soft bite6 thin liquids). Pt demonstrated baseline standing with jaw (Remains reduced range for opening) and modifications completed to accommodate deficit. Aside from this deficit, pt exhibited functional tolerance of lesser restrictive texture with no overt s/sx of aspiration. Education provided regarding dysphagia likely becoming part of symptoms that pt will have in the future and risk factors that are involved (which signs to look for any possible pneumonia). Pt verbalized understanding. Desire to remove PEG tube was discussed, but pt currently requires support for nutrition at this time due to poor endurance across full meals. Pt would like to supplement orally. Dietitian to discuss with pt. ST to follow with regular texture diet later in the week as endurance improves.
direct patient contact: 42 /min
Co-therapy was not provided,

Speech notes

[I Desormes CCC-SLP, 04/21/19 11:16]

Swallowing study bedside: 04/21/19 10:32 :
Comment: 34 y/o female admitted to this facility for continuation of medically complicated care. Pt recent hx is significant for bilateral pneumonia with videofluoroscopy revealing penetration into airway and significant residue risking aspiration. Pt was placed NPO and PEG was provided. Pt currently tolerating PEG tube feedings appropriately.

[I Desormes CCC-SLP, 04/21/19 11:16]

Bedside swallow evaluation

Pt reported having a fever spike and then episodes of coughing with po intake. She began vomiting and was placed on protonix to address possible reflux. Pt stated swallow deficits did not resolve and she continued to have problems with intake coughing and choking with po. Swallow video did not indicate risk for SILENT aspiration and pt did report having overt signs thus pt demonstrates functional sensory standing for penetration. Pt presents Oriented x4 with functional recall of recent events.

OME: reduced ROM of mandibular depression (opening of mouth), functional dentition, appropriate labial strength for protrusion and retraction, appropriate lingual protrusion and elevation

Items presented: thin liquid, jello, graham cracker

Oral phase: Reduced ability with opening of mouth due to impaired ROM for jaw, but otherwise, oral phase is WFL

Pharyngeal phase: Pt exhibited timeliness of swallow trigger with only one instance of throat clearing.

Results: mild oropharyngeal dysphagia

Due to pt's recent hx of acute risk and poor po clearance, education provided that pt will be placed on soft texture for now and advancement will occur as tolerance is observed. Pt verbalized understanding of modification

Recommendation:
1. Minced moistened level 5, thin liquids
2. ST to follow 3xwkx3
3. Upright positioning
4. Feeding assistance

direct patient contact: 44 /min

[I Desormes CCC-SLP, 04/21/19 09:07]

Speech Therapy Screening:
Swallowing/risk of aspiration, < -- at 09:07 on 04/21/19 not done, cancel this execution, duplicate order.
- - - - - - - - - - - <end; requested by E Prince, M.S., PT> - - - - - - - - - -

reverse chronological retrieval for speech pathology notes data
time span: encounter 04/18/19 00:00 to present

Impaired swallowing:
Speech notes

[I Desormes CCC-SLP, 04/25/19 14:56]

Treat swallowing dysfunction and/or oral function for feeding:
04/25/19 14:27 : executed as ordered with comment: Follow up session completed s/p pt transitioning to ICU with po tolerance. Pt resumed tube feedings to supplement for lower alertness level s/p code per SLP request to dietitian. Pt feeling more like herself and demonstrated baseline swallow performance as noted at original bedside evaluation of swallow. Pt is recommended to continue with current texture with assistance for po intake due to need for modification to clear through reduced ROM for jaw. Pt was educated regarding current standing with swallow with verbalized understanding. CXRs have been reviewed and although pt presents with LLL infiltrate, pt is recovering from bilateral infiltrates, was notably immobile in hospital bed, thus recurrence of infiltrate is high. Aspiration is more related to rt lung due to anatomical structure of bronchial chamber (more vertical and open). Additionally, pt exhibited overt s/sx of aspiration when aspiration risk was high due to functional sensory system responding to penetrated materials (frequent coughing and choking with po). Across course, pt has demonstrated minimal to no overt s/sx of aspiration and MBSS confirmed pt's need solely for compensation to address residue after the swallow with no aspiration or penetration across study. ST to follow up next week to continue po advancement to least restrictive texture.
direct patient contact: 29 /min
Co-therapy was not provided,

Speech notes

[I Desormes CCC-SLP, 04/24/19 09:47]

Modified barium. 04/24/19 08:52 :
Comment: 34 y/o female admitted to this facility for continuation of medically complicated care, was referred for MBSS to r/o risk for aspiration. Pt with recent hospitalization secondary to fever spike and cough. Pt reported significant coughing during po intake and thus pt was placed NPO and videofluoroscopy was performed. Pt was noted with significant residue that would not clear with multiple swallows which placed pt at high risk for aspiration thus PEG recommendation was made. Bedside swallow was performed in this facility and pt was placed on an oral diet secondary to improvement in swallow standing with no overt s/sx of penetration or aspiration.

Pt presented to the radiology suite up in gerichair oriented x4 and with functional cognitive standing for compensation of swallow deficits with positioning or behavior, thus compensations completed during this assessment

Items presented: thin liquids via straw, apple sauce, graham cracker

Deficits identified: reduced mandibular ROM for opening resulting in

[I Desormes CCC-SLP, 04/24/19 09:47]

modification of presentations, decreased palatal strength during swallow resulting in residue moving upward towards nasal cavity, reduced tongue base retraction resulting in lack of initiation of epiglottic inversion leading to residue in valleculae consistently across all items presented but most significantly with solids (residue cleared with liquid wash and multiple swallows), slightly reduced pharyngeal constriction resulting in slight residue on posterior pharyngeal wall

Across study, NO PENETRATION OR ASPIRATION NOTED. Residue after the swallow in valleculae was cleared with thin liquids compensating for risk of aspiration after the swallow. Pt provided education of compensation which pt independently executed premorbidly to this episode.

Results: mild oropharyngeal dysphagia

Recommendation
1. Soft bite level 6, thin liquids
2. ST to continue 2xwkx2 to progress pt to baseline with texture
3. Upright positioning
4. Alternate solids and liquids

direct patient contact: 37 /min

Impaired swallowing:

[I Desormes CCC-SLP, 04/22/19 13:53]

Treat swallowing dysfunction and/or oral function for feeding:
04/22/19 13:04 : executed as ordered with comment: Clinical analysis with education provided to pt for dysphagia with adv texture (soft bite6 thin liquids). Pt demonstrated baseline standing with jaw (Remains reduced range for opening) and modifications completed to accommodate deficit. Aside from this deficit, pt exhibited functional tolerance of lesser restrictive texture with no overt s/sx of aspiration. Education provided regarding dysphagia likely becoming part of symptoms that pt will have in the future and risk factors that are involved (which signs to look for any possible pneumonia). Pt verbalized understanding. Desire to remove PEG tube was discussed, but pt currently requires support for nutrition at this time due to poor endurance across full meals. Pt would like to supplement orally. Dietitian to discuss with pt. ST to follow with regular texture diet later in the week as endurance improves.
direct patient contact: 42 /min
Co-therapy was not provided,

Speech notes

[I Desormes CCC-SLP, 04/21/19 11:16]

Swallowing study bedside: 04/21/19 10:32 :
Comment: 34 y/o female admitted to this facility for continuation of medically complicated care. Pt recent hx is significant for bilateral pneumonia with videofluoroscopy revealing penetration into airway and significant residue risking aspiration. Pt was placed NPO and PEG was provided. Pt currently tolerating PEG tube feedings appropriately.

[I Desormes CCC-SLP, 04/21/19 11:16]

Bedside swallow evaluation

Pt reported having a fever spike and then episodes of coughing with po intake. She began vomiting and was placed on protonix to address possible reflux. Pt stated swallow deficits did not resolve and she continued to have problems with intake coughing and choking with po. Swallow video did not indicate risk for SILENT aspiration and pt did report having overt signs thus pt demonstrates functional sensory standing for penetration. Pt presents Oriented x4 with functional recall of recent events.

OME: reduced ROM of mandibular depression (opening of mouth), functional dentition, appropriate labial strength for protrusion and retraction, appropriate lingual protrusion and elevation

Items presented: thin liquid, jello, graham cracker

Oral phase: Reduced ability with opening of mouth due to impaired ROM for jaw, but otherwise, oral phase is WFL

Pharyngeal phase: Pt exhibited timeliness of swallow trigger with only one instance of throat clearing.

Results: mild oropharyngeal dysphagia

Due to pt's recent hx of acute risk and poor po clearance, education provided that pt will be placed on soft texture for now and advancement will occur as tolerance is observed. Pt verbalized understanding of modification

Recommendation:
1. Minced moistened level 5, thin liquids
2. ST to follow 3xwkx3
3. Upright positioning
4. Feeding assistance

direct patient contact: 44 /min

[I Desormes CCC-SLP, 04/21/19 09:07]

Speech Therapy Screening:
Swallowing/risk of aspiration, < -- at 09:07 on 04/21/19 not done, cancel this execution, duplicate order.
- - - - - - - - - - - <end; requested by E Prince, M.S., PT> - - - - - - - - - -

reverse chronological retrieval for diagnostic radiology data
time span: encounter 04/18/19 00:00 to present

Diagnostic radiology

[William C Doebler, RAD, 04/29/19 09:49]

*** SIGNED ***
Chest 1 View AP portable, performed 04/29/19 09:37
DATE OF EXAM: 04/29/19 09:37

CLINICAL INDICATORS:f/u pneumonia,hospital acquired (nosocomial)

Chest 1 View AP Portable:

CHEST .

Comparison: 4/28/2019.

Lungs: There is a new pneumonia in the left lower lobe since 4/28/2019.
Mediastinum: The heart is normal in size. There is no pulmonary venous hypertension (CHF) there is no mediastinal or hilar adenopathy or masses.
Devices: None.
Pleura: Sharp costophrenic angles.
Bones: Unremarkable.
Soft tissues: Unremarkable.

IMPRESSION:

There is an new acute pneumonia in the left lower lobe developed since 4/28/2019. The chest is otherwise normal for age.

Electronically Signed By: Dr. William Doebler M.D.
ACC-Number:5497403

[Radiology, for MR Roger, (transcribed), 04/29/19 09:37]

Chest 1 View AP portable - Executed as ordered: ACC -5497403
Clinical Indicators: f/u pneumonia,hospital acquired (nosocomial)

GM.ICU-GM.ICU2-1
completed date/time 04/29/19 09:37

Patient educated on procedure: Chest 1 View AP portable on 04/29/19 09:37 by Radiology, for MR Roger, (transcribed)

[William C Doebler, RAD, 04/28/19 13:27]

*** SIGNED ***
Chest 1 View AP portable, performed 04/28/19 12:53
DATE OF EXAM: 04/28/19 12:53

CLINICAL INDICATORS:f/u pneumonia,bacterial

[William C Doebler, RAD, 04/28/19 13:27]

Chest 1 View AP Portable:

CHEST.

Comparison: 4/25/2019.

Lungs: no infiltrate.
Mediastinum: Normal heart size and vascularity.
Devices: There are no tracheal tubes. There are no central venous lines.
Pleura: Sharp costophrenic angles.
Bones: Unremarkable.
Soft tissues: Unremarkable.
Other: None.

IMPRESSION:

No acute findings. No CHF . No pneumonia. No pleural fluid. No pneumothorax. Normal chest.

Electronically Signed By: Dr. William Doebler M.D.
ACC-Number:5497137

[Radiology, for AE Rosen, MD (transcribed), 04/28/19 12:53]

Chest 1 View AP portable - Executed as ordered: ACC -5497137
Clinical Indicators: f/u pneumonia,bacterial

GM.ICU-GM.ICU2-1
completed date/time 04/28/19 12:53

Patient educated on procedure: Chest 1 View AP portable on 04/28/19 12:53 by Radiology, for AE Rosen, MD (transcribed)

[William C Doebler, RAD, 04/26/19 10:08]

*** SIGNED ***
Abdomen Complete US, performed 04/26/19 09:47
DATE OF EXAM: 04/26/19 09:47

CLINICAL INDICATORS:liver mass cystic vs. solid ?

Abdomen Comp US:

Ultrasound abdomen.

Technique: Real-time and color-flow.

Aorta: Less than 3 cm. No aneurysm.
Liver: Normal size and echotexture. Normal portal flow. The liver is normal in size with a sagittal diameter of the right lobe of 14.4 cm. There is a solid mass in the left lobe of the liver measuring 4.3 cm x 4.7 x 5.2.
Gallbladder: The gallbladder is contracted but with no evidence of cholecystitis or cholelithiasis.

[William C Doebler, RAD, 04/26/19 10:08]

Common bile duct: Common bile duct measures 3.3 mm.
pancreas: The pancreas is normal.
Spleen: The spleen is normal.
Other: No ascites.

IMPRESSION:

There is a solid mass in the left lobe of the liver measuring 4.3 x 4.7 x 5.2 cm. This requires further evaluation by MRI. Otherwise the liver is normal in size and appearance. Normal hepatopedal flow. The gallbladder is contracted but otherwise unremarkable. The common duct is normal as is the pancreas and spleen.

Electronically Signed By: Dr. William Doebler M.D.
ACC-Number:5495369

[Radiology, for M Tindel, MD (transcribed), 04/26/19 09:48]

Abdomen Complete US - Executed as ordered: ACC -5495369
Clinical Indicators: liver mass cystic vs. solid ?

GM.ICU-GM.ICU2-1
completed date/time 04/26/19 09:47

[Transcription, 04/26/19 08:31]

miscellaneous radiology examination, performed 04/26/19

RADIOLOGY/ANCILLARY REPORT

DATE: April 26, 2019

Study. 2D echocardiogram.
Indication. Pericardial effusion.

Findings.
1. This was a technically difficult study.
2. The left ventricular cavity size and function is normal with an estimated ejection fraction of 60%.
3. There is mild concentric left ventricular hypertrophy.
4. There is color Doppler and spectral Doppler evidence of trace mitral regurgitation and trace tricuspid regurgitation.
5. Trace pericardial effusion is noted.
6. Final impression.
7. Normal LV systolic function.
8. Trace pericardial effusion of no hemodynamic consequence.

DICTATED AND ELECTRONICALLY SIGNED BY:

[Transcription, 04/26/19 08:31]

Suneet Kukreja, MD on 04/26/2019 08:23:10 ET

SK/MedQ
DD: 04/26/2019 08:23:05 ET
Job #: 835829694/835829694

[William C Doebler, RAD, 04/25/19 10:45]

*** SIGNED ***
Chest 1 View AP portable, performed 04/25/19 10:27
DATE OF EXAM: 04/25/19 10:27

CLINICAL INDICATORS:f/u pneumonia,aspiration

Chest 1 View AP Portable:

CHEST.

Comparison: 4/23/2019.

Lungs: The infiltrate in the left lower lobe Perez 9 4/23/2019 has improved but not cleared. No pleural fluid on the left. The right hemithorax is clear.
Mediastinum: The heart is normal. There is no pulmonary venous hypertension (No CHF.) There is no mediastinal masses or adenopathy. There is no hilar mediastinal masses or adenopathy.
Devices: None.
Pleura: Sharp costophrenic angles.
Bones: Unremarkable.
Soft tissues: Unremarkable.
Other: None.

IMPRESSION:

The right hemithorax is clear. The heart and pulmonary vessels are normal. No CHF. There is improvement in the left lower lobe infiltrate, which has not completely cleared. Normal pleural fluid on the left at this time..

Electronically Signed By: Dr. William Doebler M.D.
ACC-Number:5494442

[Radiology, for MR Roger, (transcribed), 04/25/19 10:28]

Chest 1 View AP portable - Executed as ordered: ACC -5494442
Clinical Indicators: f/u pneumonia,aspiration

GM.3W-GM.316-1
completed date/time 04/25/19 10:27

Patient educated on procedure: Chest 1 View AP portable on 04/25/19 10:27 by Radiology, for MR Roger, (transcribed)

[Radiology, for S Kukreja, MD (transcribed), 04/25/19 07:24]

Echo Transthoracic 2D Comp w/o Doppler US - Executed as ordered: ACC -5494828
Clinical Indicators: pericardial effusion

GM.ICU-GM.ICU2-1
completed date/time 04/25/19 07:24

James L Collins, Radiologist, 04/24/19 13:00][

*** SIGNED ***
Abdomen & Pelvis w/o Cont CT, performed 04/24/19 11:44
DATE OF EXAM: 04/24/19 11:44

CLINICAL INDICATORS:abdominal pain and liver mass

Abdomen and Pelvis WO Cont CT:

Technique: Helical images of the abdomen and pelvis. No contrast.

Findings: Bilateral lower lobe infiltrates. Small pleural effusions. Evaluation of liver demonstrates solid left lobe mass 9 x 6 cm. Etiology uncertain. Intravenous contrast administration with delayed images would be helpful. Spleen, kidneys, pancreas appear intact. No pathologic adenopathy or free fluid. G-tube evident. Imaging of the pelvis demonstrates urinary bladder to be distended. Small left adnexal cyst probably ovarian. No free fluid. The bones, the soft tissues appear intact.

IMPRESSION:

Solid left lobe of liver hepatic mass. Indeterminate etiology. IV contrast administration or MRI recommended. Bilateral lower lobe infiltrates with pleural effusions. Distended urinary bladder. Small left adnexal cyst felt to be ovarian.

Electronically Signed By: Dr. James Collins M.D.
ACC-Number:5494126

Radiology, for M Tindel, MD (transcribed), 04/24/19 11:44][

Abdomen & Pelvis w/o Cont CT - Executed as ordered: ACC -5494126
Clinical Indicators: abdominal pain and liver mass

GM.3W-GM.316-1
completed date/time 04/24/19 11:44

Patient educated on procedure: Abdomen & Pelvis w/o Cont CT on 04/24/19 11:44 by Radiology, for M Tindel, MD (transcribed)

[Radiology, for DN Daria, MD (transcribed), 04/24/19 09:51]

[Radiology, for DN Daria, MD (transcribed), 04/24/19 09:51]

Swallow Function w/ Videorad - Executed as ordered: ACC -5494109
Clinical Indicators: r/o aspiration

GM.3W-GM.316-1
completed date/time 04/24/19 09:51

Patient educated on procedure: Swallow Function w/ Videorad on 04/24/19 09:51 by Radiology, for DN Daria, MD (transcribed)

[Robert W. Smith, MD, 04/23/19 14:01]

*** SIGNED ***
Chest 1 View AP portable, performed 04/23/19 13:05
DATE OF EXAM: 04/23/19 13:05

CLINICAL INDICATORS:f/u pneumonia,aspiration

Chest 1 View AP Portable:

CHEST AP:

AP chest reveal heart and mediastinum to be normal. Left basilar atelectasis/infiltrate present and costophrenic angles are clear.

IMPRESSION:

Interval development of left basilar atelectasis/infiltrate since 4-19-2019.

Electronically Signed By: Dr. Robert Smith M.D.
ACC-Number:5493817

[Radiology, for S Mitchell, (transcribed), 04/23/19 13:05]

Chest 1 View AP portable - Executed as ordered: ACC -5493817
Clinical Indicators: f/u pneumonia,aspiration

GM.3W-GM.316-1
completed date/time 04/23/19 13:05

Patient educated on procedure: Chest 1 View AP portable on 04/23/19 13:05 by Radiology, for S Mitchell, (transcribed)

[Robert W. Smith, MD, 04/19/19 17:25]

*** SIGNED ***
Chest 1 View AP portable, performed 04/19/19 16:27
DATE OF EXAM: 04/19/19 16:27

CLINICAL INDICATORS:f/u pneumonia,aspiration

Chest 1 View AP Portable:

CHEST AP:

[Robert W. Smith, MD, 04/19/19 17:25]

AP chest reveal heart and mediastinum to be normal. Lung fields and costophrenic angles are clear. Right PICC line in SVC.

IMPRESSION:

No acute pulmonary infiltrate.

Electronically Signed By: Dr. Robert Smith M.D.
ACC-Number:5491376

[Radiology, for MR Roger, (transcribed), 04/19/19 16:28]

Chest 1 View AP portable - Executed as ordered: ACC -5491376
Clinical Indicators: f/u pneumonia,aspiration

GM.3W-GM.316-1
completed date/time 04/19/19 16:27

Patient educated on procedure: Chest 1 View AP portable on 04/19/19 16:27 by Radiology, for MR Roger, (transcribed)
- - - - - - - - - - - <end; requested by E Prince, M.S., PT> - - - - - - - - - -

RehabCare

Annual Competency Summary Form
Speech-Language Pathologist

Competency Use Individual Competency Worksheets to assess competence and transfer results to this form	Date	Remediation	Verified by: 1=Return Demo 2=Direct Observation 3=Verbal Discussion
Documentation Competency SLP			1 2 3
MBS			1 2 3
Inline PMV		*	1 2 3
			1 2 3
			1 2 3

The following are provided and required by Kindred. Consult with your facility to ensure completion. Add any additional competencies required by your specific site. Please verify and indicate completion.

Kindred Competency	Date	Remediation	Verified by: 1=Return Demo 2=Direct Observation 3=Verbal Discussion
National Patient Safety Goals Usually a "read and sign"			1 2 3
Code Purple Usually a demonstration by RT			1 2 3
Restraints/Restraint First Aid Usually a demonstration			1 2 3
Decannulation Prevention Knowledge based, self learning			1 2 3
			1 2 3
			1 2 3

Ingrid Desormes
Ingrid Desormes
Printed Name/Discipline

Ingrid Desormes
Signature

8/28/18
Date

Andrea Sywens
Printed Name/Title/Discipline

Instructor Signature

8/28/18
Date

(In-Line PMV)
8/28/18

RehabCare

Print Employee Name and Title: _____ Date: _____

Competency/Demonstration Record
Blue Dye Test of Swallowing – Speech Language Pathologist

Component (Critical Elements)	Met	Not Met
OBJECTIVES:		
Verifies physician's order for blue dye test.	X	
Explains procedure to the patient and family if present.	X	
Assessment of swallow may be done with a respiratory therapist present to assist as needed, with a tracheostomy patient on the ventilator.	X	
Notes the type of tracheostomy tube, whether the tube is fenestrated, size, cuff status, whether it is ventilator assisted.	X	
Assessment begins with the patient sitting upright in bed/chair.	X	
If PMV in use, the cuff is deflated; PMV is placed on patient after patient is suctioned.	X	
Demonstrates appropriate advancement of food/liquid with blue dye based on patient's response.	X	
If aspiration occurs, the evaluation is discontinued.	X	
Writes report to include – impressions/prognosis/recommendations.	X	
Develops appropriate short-term goals and long-term goals that are objective and measurable.	X	
Develops appropriate treatment plans.	X	
Includes patient/family education.	X	
Reports recommendations to physician and nursing staff.	X	
PATIENT SAFETY:		
Demonstrates knowledge of risks of utilizing blue dye and limits blue dye amounts accordingly.	X	
Uses "clean technique" when handling blue dye large and unit dose containers.	X	
Arranges for or completes suctioning during and upon completion of the Blue Dye Test.	X	

Comments:

X This employee is deemed competent as indicated by this checklist.
___ This employee is deemed not competent at this time.
___ I recommend this employee receive further training in _____.
_____ Due date for further training.

Competency verified by: ☑Return demonstration ☑Direct Observation ☑Verbal discussion
☐Written exam ☐Record Review ☐Licensure and Certification

Clinician Signature and Title	Signature and Title of Verifying Person
[illegible] MA CCC-SLP	[illegible] MA CCC-SLP

RehabCare

Print Employee Name and Title: Ingrid Desarmes Date: 10/3/17

Competency/Demonstration Record
Ventilator

Component (Critical Elements)	Met	Not Met
OBJECTIVES:		
Understands the vent model appropriate to the facility.	✓	
Identifies and understands modes and vent setting:	✓	
Modes: AC, SIMV, C-PAP, T-piece	✓	
Settings: O2 Settings, Respiratory Rate, Peep, Tidal Volume	✓	
Demonstrates knowledge of when to notify a Respiratory Therapist and/or nurse regarding ventilator function.	✓	
Understands the effect vent settings/modes have on patient performance.	✓	
Assesses patient's breathing pattern and identifies abnormal patterns.	✓	
Demonstrates basic knowledge of vent alarms and how to respond to each one.	✓	
Demonstrates basic troubleshooting skills for ventilator alarms.	✓	
Demonstrates ability to assess patient's Sp02 and pulse/HR while on ventilator.	✓	
Able to verbalize understanding of sensory deficits associated with ventilator dependency.	✓	
PATIENT SAFETY:		
Verbalizes understanding of anxiety and stress associated with vent dependent patients.	✓	
Able to provide basic education to the patient on alleviating stress while on the ventilator.	✓	

Comments:

✓ This employee is deemed competent as indicated by this checklist.
___ This employee is deemed not competent at this time.
___ I recommend this employee receive further training in _____.
_____ Due date for further training.

Competency verified by: ☐Return demonstration ☐Direct Observation ☐Verbal discussion ☐Written exam ☐Record Review ☐Licensure and Certification

Clinician Signature and Title	Signature and Title of Verifying Person
Ingrid Desarmes MRC/SP 10/3/17	Director of Respiratory Care – Antola BS RC, RRT-NPS

Revised: 01.13.10

RehabCare

Print Employee Name and Title: _____ Date: _____

Competency/Demonstration Record
Supervises Assistant/Support Staff

Component (Critical Elements)	Met	Not Met
OBJECTIVES:		
Verbalizes state practice act and rules for supervision.	✓	
Provides adequate supervision per regulations and/or standard of practice.	✓	
Provides clinical guidance and leadership to assistants and support staff.	✓	
Assures assistants/support staff deliver care exactly as instructed.	✓	
Documents supervisory visits appropriately.	✓	
Identifies learning needs and teaches techniques/treatment strategies within scope of practice of the learner.		
Assures compliance with Federal, State and Professional regulations regarding co-signature of notes.	✓	
PATIENT SAFETY:		
Instructs Assistant/Support Staff in precautions/contraindications related to specific patient care.	✓	
Monitors Assistant/Support Staff in following patient specific safety precautions.	✓	

Comments:
___ This employee is deemed competent by this checklist.
___ This employee is deemed not competent at this time.
___ I recommend this employee receive further training in _____.
_____ Due date for further training.

Competency verified by: ☐Return demonstration ☐Direct Observation ☑Verbal discussion
☐Written exam ☐Record Review ☐Licensure and Certification

Clinician Signature and Title	Signature and Title of Verifying Person
Ingrid Desormes MACC SLP	

People*first* Rehabilitation

Print Employee Name and Title: _____ Date: _____

Competency/Demonstration Record

Suctioning – Oral/Tracheal

Component (Critical Elements)	Met	Not Met	N/A
OBJECTIVES:			
Preparation: Washes hands.			
Identifies patient.			
Identifies educational opportunities for patient, family, and caregivers.			
Introduces self.			
Explains procedure to patient.			
Positions patient.			
Prepares equipment as needed – gloves, Yankauer, etc.			
Accurately assesses patient's need for suctioning.			
Oral Suctioning process: Demonstrates knowledge using closed circuit suctioning and use of Yankauer.			
Introduces yankeur to the patient's mouth without applying suction			
Apply suction on withdrawal working from the back of the mouth forward.			
Rinse the tube thoroughly with water and repeat the process if necessary			
Tracheal Suctioning Process: Hyper oxygenates patient.			
Applies suction and irrigation (no longer than 15 sec. for each suction pass).			
Pulls back cannula slowly, in a circular motion while suctioning intermittently.			
Assesses patient for cough, color, breathing pattern, and 02 stats if on monitor.			
Repeats above steps as needed.			
Post Suction: Washes hands.			
PATIENT SAFETY:			
Explains procedure to patient.			
Avoids hitting the corina during tracheal suctioning.			
Insures supplemental oxygen is properly connected.			
Calls available resources if needed, i.e. respiratory therapist, supervising nurse, and physician.			
Follows facility policy for infection control.			

Comments:

___ This employee has proved competent by this checklist.

___ This employee is deemed not competent at this time.

___ I recommend this employee receive further training in _____.

_____Due date for further training.

Competency verified by: ☐Return demonstration ☐Direct Observation ☐Verbal discussion ☐Written exam ☐Record Review ☐Licensure and Certification

Clinician Signature and Title	Signature and Title of Verifying Person
Ingrid Desormes MACCE SUP	Director of Respiratory Care [illegible] BSRC, RRT-NPS

RehabCare

Print Employee Name and Title: _____ Date: _____

Competency/Demonstration Record
Suctioning – Closed System

Component (Critical Elements)	Met	Not Met
OBJECTIVES:		
Identifies self and identifies patient using two identifiers		
Explains procedure to patient		
Applies clean gloves		
Attaches NS vial to irrigation port		
Sets vacuum regulator to 120-140 mm Hg		
Hyperoxygenates patient with 100% prior and post suctioning		
Advances catheter 2-3 inches into tube and irrigates with ½ unit dose of NS		
Opens valve to unlocked position		
Advances catheter no further than guide line, then withdraws catheter slightly		
Applies intermittent suctioning while withdrawing catheter being careful not to apply suction longer than 15 seconds		
Withdraws catheter to the fully extended length of catheter sleeve		
Demonstrates how to obtain specimen via Luken tube		
After suctioning, completes and flushes catheter with remaining NS vial		
Disconnects saline vial and closes irrigation port		
Returns suction control valve to locked position		

Comments:
___ This employee is deemed competent by this checklist.
___ This employee is deemed not competent at this time.
___ I recommend this employee receive further training in _____.
_____Due date for further training.

Competency verified by: ☐Return Demonstration ☐Direct Observation ☐Verbal Discussion ☐Written Exam ☐Record Review ☐Licensure and Certification

Clinician/Staff Signature and Title	Signature and Title of Verifying Person
Ingrid Deppermes MA CCC SLP	Director of Respiratory Care [illegible] BSRC, RRT-NPS

RehabCare

Initial Core Competencies: **Speech-Language Pathologist**

Complete within 90 days of hire.

Competency Use individual Competency Worksheets to assess competence and transfer results to this form	**Date**	**Remediation**	**Verified by:** 1=Return Demo 2=Direct Observation 3=Verbal Discussion
Age Specific			1 2 3
Vital Signs			1 2 3
SLP ProTouch (EMR)			1 2 3
Oxygen and Pulse Oximeter Use			1 2 3
Documentation Competency			1 2 3
Ventilator			1 2 3
Suctioning Yankauer **			1 2 3
Endotracheal or Tracheal Suctioning Open System **			1 2 3
Suctioning Closed System **			1 2 3
VitalStim			
** Consult your facility to determine the appropriate suctioning method to be used by this discipline.			
Supervises Assistants and Support Staff (if support staff is utilized by SLP)			1 2 3
Blue Dye Test of swallowing (if performed at site and allowed by law/regulation)		Completed by: Andrew Christler MACCC-SLP	1 2 3
Passy Muir Valve (PMV) (if performed at site and allowed by law/regulation)		↓	1 2 3
Videofluroscopy Assess. Of Swallowing (if performed at site and allowed by law/regulation)			1 2 3
SLP Clinical Fellowship (CF) Mentor (if CF Mentorship occurring)	N/A		1 2 3

The following are provided and required by Kindred. Add any additional competencies required by your specific site. Please verify and indicate completion.

Kindred Competency	**Date**	**Remediation**	**Verified by:** 1=Return Demo 2=Direct Observation 3=Verbal Discussion
National Patient Safety Goals			1 2 3
Code Purpose			1 2 3
Restraints/Restraint First Aid			1 2 3
Decannulation Prevention			1 2 3
			1 2 3
			1 2 3

Ingrid Desormes, SLP
Orientee Printed Name/Discipline

Instructor Printed Name/Title/Discipline

Ingrid Desormes MACCCSLP
Orientee Signature

Date

Instructor Signature

Date 10/3/2017

RehabCare

Print Employee Name and Title: _____ Date: _____

Competency/Demonstration Record

Age Specific

Component (Critical Elements)	Met	Not Met
OBJECTIVES:		
Adolescent Population		
Knowledge of adolescent need for privacy.	✓	
Use of age appropriate materials/tasks.	✓	
Understanding of emotional changes during puberty.	✓	
Understanding of sexual awareness in the adolescent population.	✓	
Can identify signs/symptoms of abuse or neglect in the adolescent population.	✓	
Awareness of age appropriate language and methods of communication.	✓	
Understands need to communicate plan of care with patient and parents.	✓	
Understands need to include adolescent in choices/decisions as appropriate.	✓	
Considers special learning needs given mental and/or physical limitations.	✓	
Adult Population		
Understands and applies principles of adult learning methods as they relate to health care needs.	✓	
Allows adult patient to participate in choices concerning treatment plan.	✓	
Uses age appropriate materials/tasks.	✓	
Recognizes signs/symptoms of abuse or neglect.	✓	
Uses age appropriate written and/or verbal language when given directions.	✓	
Understands need for privacy as well as need for socialization.	✓	
Geriatric Population		
Uses age appropriate language and speaks at audible level.	✓	
Uses age appropriate material/tasks.	✓	
Recognizes signs/symptoms of abuse and/or neglect.	✓	
Adjusts setting to a possible decrease in all senses.	✓	
Accommodates treatment for fragile skin especially in wound care, positioning, and treatment.	✓	

Comments:

✓ This employee is deemed competent as indicated by this checklist.

___ This employee is deemed not competent at this time.

___ I recommend this employee receive further training in _____.

_____ Due date for further training.

Competency verified by: ☒ Return demonstration ☐ Direct Observation ☒ Verbal discussion ☐ Written exam ☐ Record Review ☐ Licensure and Certification

Revised – 01/13/10

RehabCare

Print Employee Name and Title: _____ Date: _____

Clinician Signature and Title	Signature and Title of Verifying Person
Ingrid Desormes MACCC SLP	MACCC-SLP

RehabCare

Print Employee Name and Title: _____ Date: _____

Competency/Demonstration Record
Vitals Signs

Component (Critical Elements)	Met	Not Met	N/A
BLOOD PRESSURE:			
Explains normal and abnormal blood pressure parameters.	✓		
Explains procedure to patient.	✓		
Uses the appropriate size and type (wrist or arm) blood pressure cuff for the patient.	✓		
Depending upon what position the BP is to be taken, positions the patient comfortably either in supine, sitting or standing with arm exposed above antecubital area.	✓		
Ensures that the arm is in the correct position relative to level of the heart.	✓		
Wraps cuff around arm so that it is snug and smooth with center of inflatable bladder directly over brachial artery and lower edge of cuff at least one inch above antecubital area.	✓		
For wrist cuff use, places cuff appropriately on wrist.	✓		
Manual Blood Pressure Reading: Places earpieces of the stethoscope in your ears, facing forward.	✓		
Palpates arterial pulse of brachial artery and place stethoscope over the pulse with firm, gentle pressure.	✓		
Closes central valve of sphygmomanometer by turning the valve clockwise and inflate cuff by squeezing bulb until arterial pulse cannot be felt.	✓		
Opens control valve and deflate cuff slowly.	✓		
Reads the gauge when the first faint clear tapping sounds are heard.	✓		
Continues deflating the cuff, reading gauge when the sounds abruptly stop.	✓		
Deflates the cuff completely and removes.	✓		
Accurately records the blood pressure in the patient's medical record if applicable.	✓		
Automatic Blood Pressure Monitor:	✓		
Explains proper use of monitor digital interface.	✓		
Ensures comfort of patient throughout interaction	✓		
Removes the cuff after deflation	✓		
Accurately locates the blood pressure reading on the digital monitor and records in the patient's medical record (if applicable).	✓		
TEMPERATURE			
Identifies normal range of temperature	✓		
Correctly uses facility specific temperature device to obtain temperature, if applicable.	✓		
PAIN			
Identifies the specific pain scales used in the facility.	✓		
Correctly documents patient's reports of pain.	✓		
Identifies the characteristics of pain to be assessed.	✓		
PULSE RATE:			
Explains normal and abnormal pulse rate parameters.	✓		
Places the patient in either a supine, sitting position or standing position.	✓		
Positions the patient's arm with palm down.	✓		
Gently presses on the radial artery, inside the patient's wrist with finger/s or if unable to use radial artery, gently presses on the carotid artery on one side of neck only with second and third fingers.	✓		

RehabCare

Print Employee Name and Title: _____ Date: _____

Counts pulse rate for either 15 seconds and multiplies by 4, 30 seconds and multiplies by 2 or 60 seconds.	✓		
Assesses pulse rhythm and volume by noting the pattern and strength of the beats.	✓		
Records pulse rate at rest or with activity in medical record if applicable.	✓		
Automatic Pulse Rate Monitor:			
Accurately follows procedure above for Automatic Blood Pressure reading and accurately identifies the pulse rate from the digital display. Records this in the patient's records.	✓		
RESPIRATIONS			
Explains normal and abnormal respiration rates.	✓		
Obtains stethoscope, places on patient's chest and counts respirations or observes rise and fall of the patient's chest as s/he breathes.	✓		
Records respiration rate in medical record if applicable.	✓		
PATIENT SAFETY:			
Explains procedure/s to patient.	✓		
Reports any abnormalities to the charge nurse and or physician and follows orders.	✓		
Follows facility policy for infection control.	✓		

Comments:

✓ This employee is deemed competent by this checklist.

___ This employee is deemed not competent at this time.

___ I recommend this employee receive further training in _____.

_____ Due date for further training.

Competency verified by: ☐Return demonstration ☐Direct Observation ☐Verbal discussion ☐Written exam ☐Record Review ☐Licensure and Certification

Clinician Signature and Title	Signature and Title of Verifying Person
[illegible] MA LCSW	[illegible] MA CCC-SLP

RehabCare

Print Employee Name and Title: _____ Date: _____

Competency/Demonstration Record
SLP ProTouch (EMR) Competency

Component (Critical Elements)	Self Assessment Met	Self Assessment Not Met	Met	Not Met
OBJECTIVES:				
Log on to system.			✓	
Choose **UNIT** where patient resides and choose the patient you need to work with.			✓	
Getting to know the patient				
Access **SPEECH WORKLIST** to check for current SLP intervention.			✓	
Go to **Patient Care Plan** to read specific ST goals.			✓	
Read last ST not via **flowsheet** and/or **ST section.**			✓	
Assessment				
Access **the** appropriate assessment (**SPEECH LANGUAGE** or **SWALLOWING**) and enter patient/evaluation data. (Remember that each time you enter an ASSESSMENT area, *a charge is dropped*, you must then manually delete the extra charge if you enter twice in one day.			✓	
Where do you include patient's pain assessment, eval impressions and recommendations?			✓	
To drop a charge for any swallow eval, two steps need to be completed: 1. Select the type of swallow eval completed (blue dye, bedside, or Video/MBSS) 2. Choose at least one of the "pre fab" sentences provided in order to drop the charge, then select "comment" and write the narrative piece of the evaluation.			✓	
Writing a plan of care (POC)				
Access POC using the POC pathway on the patients full chart function screen			✓	
A: Select Add/Change View			✓	
B: Select Add new problem/Choose problem			✓	
C: Select what the problem is related to by choosing as many conditions from the list as applicable			✓	
D: Select goal from goal list			✓	
E: Select any patient barrier(s) that might interfere with meeting the selected goal			✓	
F: Select 2 weeks for STG's/ 4 weeks for LTG's			✓	
G: Continue through the above steps until you have created all STG's and LTG's- Then proceed with selecting intervention			✓	
H: Select Therapeutic procedures			✓	
I: Choose appropriate intervention-Interventions are set for planned rehab therefore no changes are necessary			✓	
J: Intensity/duration/frequency must be identified in the recommendation section of the assessment			✓	
K: Proceed until you can process to save			✓	
Documenting Therapy				
Go to **WORKLIST, select the ******			✓	
Select time performed (either now or Today-type in time) chart therapy as **EXECUTED WITH COMMENT** write note concerning therapy delivered.			✓	
Not executed and why?			✓	
Made part of permanent record, **Process x3.**			✓	

RehabCare

Print Employee Name and Title: _____ Date: _____

Component (Critical Elements)	Self Assessment Met	Self Assessment Not Met	Met	Not Met
Summary/Progress Note				
When do we update care plans? Where do you write the summary?			✓	
Access patient's **FULL CHART FUNCTION** choose **WRITE PROGRESS NOTE. Attach it to the appropriate problem.** Why?			✓	
Reassessment				
Access patient's **FULL CHART FUNCTION** select **REASSESSMENT.**			✓	
When is it appropriate to bill for a reassessment? Does SLP have a different code for re-assessments?			✓	
Cross Out/Comment				
Access **CROSS OUT/COMMENT** from patient's **FULL CHART FUNCTION** screen.			✓	
Select "myself".			✓	
Cross out erroneous information.			✓	
Use the "comment" option like adding an "addendum" to a note or evaluation.			✓	
Nutrition				
Enter **NUTRITION** from FULL CHART FUNCTION screen.			✓	
Chart **BREAKFAST** intake, both food and fluid (the screens are self-explanatory). **PROCESS** your data input.			✓	
Locate the following				
Kardex, nursing notes, PT/OT section, Pain flowsheet, education documentation, vital sign flowsheet.			✓	
Charge/Credit Entry				
Access **CHARGE/CREDIT ENTRY** from patient's **FULL CHART FUNCTION SCREEN.**			✓	
Display **CHARGE/CREDIT DATA** for **TODAY** (you should do this at the end of each day to ensure appropriate charges are dropped) if there is a double charge note the code and **ERASE** back **to add manual charge/credit data to record.** Select **SERVICE CODE** and enter the service code that was not billed appropriately. **CHARGE** or **CREDIT** as appropriate (this can only be performed for the current day!!).			✓	
Pain Pathway				
Use VS pathway. Document at EACH session.			✓	
Document intensity and "comment" on location, characteristics and WHAT YOU DID ABOUT THE PAIN.			✓	
Education Pathway				
Establish at time of initial evaluation.			✓	
Document at least weekly via the worklist.			✓	
Restorative Care				
A: Select Add/Change view in the POC pathway/Select Add new problem/Choose problem			✓	
B: Select what the problem is related to by choosing as many conditions as applicable			✓	
C: Select other goal (type in) "Participate with RNA program", LTG, as measured by (type in) "nursing supervision"			✓	
D: Select any patient barrier(s) that might interfere with pt meeting the selected goal			✓	
E: Select intervention-Restorative care (nursing), choose more, special instructions, other comment (type in the specific instructions for the RNA)			✓	
F: Proceed until you can process to save			✓	

RehabCare

Print Employee Name and Title: _____ Date: _____

Component (Critical Elements)	Self Assessment Met	Self Assessment Not Met	Met	Not Met
Discharge Summary				
Attach to the care plan diagnosis.			✓	
How do you enter it if nursing has discharged the chart?			✓	
PATIENT SAFETY:				
Protects patient privacy when documenting.			✓	

Comments:

___ This employee is deemed competent in _____ as indicated by this checklist.
___ This employee is deemed not competent at this time.
___ I recommend this employee receive further training in _____.
_____ Due date for further training.

Competency verified by: ☐Return demonstration ☐Direct Observation ☐Verbal discussion ☐Written exam ☐Record Review ☐Licensure and Certification

Clinician Signature and Title	Signature and Title of Verifying Person
Ingrid Deroumes MA CCC SLP	MA CCC-SLP

RehabCare

Print Employee Name and Title: _____ Date: _____

Competency/Demonstration Record
Oxygen and Pulse Oximetry Use

Component (Critical Elements)	Met	Not Met
OXYGEN:		
Verbalizes knowledge of indications and contraindications of O2 use.	✓	
Demonstrates ability to set up patient on appropriate O2 device as ordered by physician and necessary for therapy session.	✓	
Selects and sets correct O2 level based on physician order.	✓	
Demonstrates ability to safely transition patient from portable O2 device to O2 concentrator or O2 device used in room when patient completes therapy session.	✓	
Demonstrates ability to safely change a regulator on a portable O2 tank.	✓	
Verbalizes understanding of differences in O2 devices; face mask, nasal cannula, non-rebreather, venti-mask, and others as they may be applicable per facility and/or patient.	✓	
Demonstrates correct technique for filling a portable oxygen tank and identifies fill level.	✓	
PULSE OXIMETRY:		
Explains what pulse oximetry measures.	✓	
Verbalizes knowledge of normal and abnormal pulse oximetry readings.	✓	
Places sensor on finger, waits for reading and reads the oxygen saturation level displayed on the oximeter.	✓	
Removes, turns off and cleans the sensor by gently rubbing it with an alcohol wipe.	✓	
Accurately documents pulse ox. readings at rest or with activity and also at room air or with oxygen in medical record if applicable.	✓	
PATIENT SAFETY:		
Explains procedure to patient.	✓	
Reports any abnormalities to the charge nurse and or physician and follows orders.	✓	
Demonstrates safety with O2 use and portable liquid O2 system (if applicable), (transportation of oxygen, alarms, frostbite and fire).	✓	

Comments;

X This employee is deemed competent by this checklist.

___ This employee is deemed not competent at this time.

___ I recommend this employee receive further training in _____.

_____ Due date for further training.

Competency verified by: ☐Return demonstration ☐Direct Observation ☐Verbal discussion ☐Written exam ☐Record Review ☐Licensure and Certification

Clinician/Staff Signature and Title	Signature and Title of Verifying Person
Ingrid Desormes MPCCC SLP	MPCCC SLP

RehabCare

Print Employee Name and Title: _____ Date: _____

Competency/Demonstration Record
Oral Suction with a Yankauer

Component (Critical Elements)	Met	Not Met
OBJECTIVES:		
Identifies self and identifies patient using two patient identifiers	✓	
Gathers supplies 1. Suction machine with tubing	✓	
2. Yankauer	✓	
3. Cup of tap water	✓	
Washes hands and dons appropriate PPE	✓	
Turns on suction machine and checks for function	✓	
Removes yankauer from storage bag	✓	
Attaches yankauer to suction tubing	✓	
Places yankauer in patient's mouth applying suction	✓	
Rinses yankauer with tap water, dries and stores according to policy	✓	
Documents procedure in patient medical record	✓	

Comments:
X This employee is deemed competent by this checklist.
___ This employee is deemed not competent at this time.
___ I recommend this employee receive further training in _____.
_____Due date for further training.

Competency verified by: ☐Return Demonstration ☐Direct Observation ☐Verbal Discussion ☐Written Exam ☐Record Review ☐Licensure and Certification

Clinician/Staff Signature and Title	Signature and Title of Verifying Person
Ingrid Desormes MACCSCP	MACCSCP

RehabCare

Print Employee Name and Title: _____ Date: _____

Competency/Demonstration Record

Videofluroscopy Assessment of Swallowing – Speech Language Pathology

Component (Critical Elements)	Met	Not Met
OBJECTIVES:		
Verifies physician order for videofluoroscopy of swallow in chart.	✓	
Explains procedure to patient/family.	✓	
Arranges for appropriate specialized seating for the purposes of the study.	✓	
PMV placed as applicable. RT present for trach and/or ventilator patients.	✓	
Appropriately advances food/liquid consistencies based on each previous swallow and the patient's response to each swallow or attempt to swallow.	✓	
Appropriately introduces compensatory techniques (e.g. postural changes, bolus size, temperature or placement; direct swallowing maneuvers) to ensure the exam facilitates treatment recommendations.	✓	
Correctly identifies disordered anatomy and physiology in the oral, pharyngeal, laryngeal and upper esophageal structures evident during the study.	✓	
Accurately identifies penetration and aspiration.	✓	
Determines dysphagia etiology.	✓	
Effectively interprets the implication of disordered anatomy and/ or physiology relative to the safety and efficiency of the patient's functional swallowing ability and makes appropriate recommendations.	✓	
Review the recorded videofluoroscopic swallow study. Completes clear, logical, comprehensive, written report to include swallowing impression/prognosis/recommendations.	✓	
Develops appropriate short-term goals and long-term goals that are objective/measurable.	✓	
Completes patient/family education utilizing verbal, visual explanation and includes rationale for recommendations.	✓	
Providing recommendations regarding: - Oral vs. non-oral delivery of nutrition, hydration - Specific oral intake modifications (volume, viscosity, texture) - Therapeutic interventions for meals - Positioning - Safe feeding precautions - Treatment plan consistent w/exam findings - Need for and timing of re-evaluation - Prognosis - Patient's cultural preferences - Need for referrals	✓	
Communicates results / recommendations to the physician, nursing and respiratory staff, and the patient/family.	✓	
PATIENT SAFETY:		
Takes appropriate steps to minimize aspiration during and after the study.	✓	
Arranges for stand-by suctioning if patient may be at high risk for aspiration.	✓	
Effectively manages behavioral problems that occur during the study.	✓	
Makes appropriate decisions to continue or discontinue testing.	✓	
Demonstrates knowledge of radiation safety and precautions.	✓	
Follows universal precautions, infection control (refer to facility-specific policies and procedures well as Centers for Disease Control), and general patient safety policies.	✓	
Follows state, legal and regulatory guidance and facility policies (if applicable) regarding the presence of medical personnel during examination (e.g., physician and/or radiology technologists), as well as third party payer requirements (MAC/FI).	✓	

RehabCare

Print Employee Name and Title: _____ Date: _____

PATIENT SAFETY: (continued)		
Demonstrates knowledge of the fundamental scientific principles of ionizing radiation and its biological effects, and of general radiation safety precautions.	✓	
Participates in periodic radiation safety training per facility protocol.	✓	
Incorporates radiation safety techniques (e.g., time, distance, shielding) for all individuals within the radiology suite during the examination.	✓	
Stores, labels, administers and documents usage of barium systematically and appropriately.	✓	

Comments:

✓ This employee is deemed competent by this checklist.

___ This employee is deemed not competent at this time.

___ I recommend this employee receive further training in _____.

_____ Due date for further training.

Competency verified by: ☐Return demonstration ☐Direct Observation ☐Verbal discussion ☐Written exam ☐Record Review ☐Licensure and Certification

Clinician Signature and Title	Signature and Title of Verifying Person
[illegible] MA CCC-SLP	[illegible] MA CCC-SLP

Prince, Elizabeth

From: Ingrid Desormes <idesormes.slp@gmail.com>
Sent: Friday, May 03, 2019 5:07 AM
To: Prince, Elizabeth
Subject: [EXTERNAL] Resignation

Elizabeth and Rosalie,

For the last 7 days I've been suspended without pay and without a concrete reason except to say it's due to investigation regarding the particular patient that Dr. Nadar Daria feels I compromised. I have never in all the time I've been at Kindred felt that I compromised a patient. This has never been an issue in my past and I can't imagine that my competency has diminished since I started there. I do feel that ultimately though, I have some legitimate concerns subsequent to this investigation that has lead me to this decision.

1. I definitely feel my admission of requesting an order from a physician who did not have an order placed under his name has left me vulnerable. Even if he acknowledged the order, if there is a denial of this order, it would be problematic without further 'proof'. That leaves every single person who puts in an order without the actual verbal ok in a very precarious position (nursing, dietitian, pharmacy) since they are the ones to actually place the order on behalf of the physicians based on my recommendations.
2. There is an acknowledged order within this patient's chart for the bedside assessment that I provided, but I've already admitted that this was not the physician I received the order from. Technically this should still support my intervention because in the real world, verbal orders are not always 'verbal' as doctors do not return calls or desire being called for every single order that is placed for their patients. It's a challenge across all disciplines within a hospital working for a physician. Some orders are just placed on faith, but if something happens and that physician denies the order, you have no leg to stand on and ultimately you are compromised. This is the culture of all settings. I know after the years I've worked that the ideal 'you need a verbal order' is not the reality and unfortunately, we risk ourselves every day placing verbal orders because physicians do not want to be bothered. It's the rock and hard place that makes me feel as though some policy should be in place to either make physicians accountable for acknowledging orders, or accept the fact that they will be called repeatedly to get verbal orders. This ambiguous land that we are all living and working in to improve patients lives on faith that doctors will support if something goes wrong is idealistic and clearly not what actually happens. And for speech, it's the most problematic as there is frequent finger pointing in this area as though we make people aspirate. We do our best to mitigate risk, but go on the floors and see the real experience (no thickener packets opened, patients in inappropriate positions, pt's being fed half awake, residue in mouths after the fact). It's all a risk, but we as SLPs do our best through intervention to keep people safe.
3. I did not feel supported AT ALL throughout this process. Doctors and nurses alike think they are competent in determining aspiration, but even I can't say that I know that and I'm the one evaluating it. I can do video after video, but really, treatment is how you manage and reduce risk because it deals with the poor positioning or change in mental status s/p medications or acute medical change that requires further review. It's then that you see endurance and safety and overall standing. Unfortunately, this patient was deprived of that because of the allegations made against me that caused for my suspension. Treatment is really about giving the patient full meals and being closely monitored across time. It's the heart and soul of maintaining a persons safety with po intake. Not the video, and not the bedside. Treatment. Chart reviews with physician consultation. Active involvement across time and across every circumstance. Now is this a guarantee that aspiration will not occur- no. But with an oriented patient of 34 yrs old, she is allowed to be educated on those risks and make a choice for herself. Unfortunately, I was the only one to discuss her desires and I was the only one to advocate for them. I tried to optimize her safety and have an instrumental that supported my bedside diagnosis of not aspirating with intake at that time. But again- that's a moot point because the doctor believes in his expertise in the matter. And with chest x-rays that would suggest infiltrates subsequent to eating- of course it must be what the doctor says, rather than just a compromised patient in a hospital setting with the high likelihood of recurrence like most of the patients in that setting. It very well may be, but it wasn't a risk when I treated her and when I did that video. Whatever has happened since, I cannot tell you- but I at least know that.

Ultimately, I was the only person placed on suspension over a physician's 'concerns' about his patient when really it was about him being upset that I went to another physician. There is no policy stating I can't do that. There is no policy stating that an acknowledgement of an order is not suffice to support intervention. And there is nothing that can be reconciled in this situation. My expertise was questioned. My ability to provide the care I anticipated the patient needed was restricted. And my trust in my superiors was shattered.

So it is my decision at this time, to resign effective immediately. I feel it makes sense for me, as I am a passionate clinician who has won over every doctor except for one, to bow out. This unfortunate doctor is known for his lack of competency, compassion, and willingness to listen to anyone. He was not suspended. He continues to be the doctor for this patient and others at kindred. No consequences have come to him despite the way he charts- writes orders- or expresses himself to other professionals. Ultimately, MDs win every time because they are supposed to have the expertise and we should be guided by their decisions. But in this case, he was not the expert and he was not competent in her deficits- only that 'she failed'. And as much as I wanted to fight for this patient and do everything I possibly could to ensure she was getting the treatment she deserved, I don't need to fight for myself in that same way in this situation. I know that I could've facilitated her ability to eat safely if I had been allowed to do so rather than be told not to waste my time, or to subsequently be told I'm suspended halting her much needed care. Dr. Daria doesn't know that or care. He never respected my expertise or his patient's desire to be able to eat and there was no way to convince him of that no matter who spoke with him. So that's why we are here.

I appreciate everything I learned from kindred, but I walk away feeling like I was unsupported, mistreated, and essentially questioned regarding my ability to safely treat a 34 yr old woman with a hx of lupus as her biggest barrier. Meanwhile I had a trached vented pulmonary complex patient who is paralyzed from the neck down talking through a partially deflated cuff eating without anyone batting an eyelash. The irony.

I will not be attending the call today. I will just collect my things and I hope to have a copy of my employee file for my records that is at Kindred.

Ingrid

Prince, Elizabeth

From: HR Help
Sent: Monday, May 06, 2019 5:22 PM
To: Prince, Elizabeth
Subject: FW: [EXTERNAL] Ingrid Desormes 980472

Good Afternoon,

Can you please approve or deny the request below.

Thanks,

Heather

HR Help
HRHelp@kindred.com
877-999-7751
877-301-7782 (fax)

****DO NOT DELETE**** {SrvReqNo:[8001187724]} **** DO NOT DELETE****

Original Text
From: Ingrid Desormes <idesormes.slp@gmail.com>
To: Hrhelp@kindred.com
CC:
Sent: 05/06/19 12:22:48
Subject: [EXTERNAL] Copy of employee file

To whom this may concern,

I am formally requesting a copy of my complete Employee file. Please send as soon as possible. Thank you in advance

Ingrid Desormes, MA CCC/SLP

Sent from my iPhone

Prince, Elizabeth

From: Espino, Rosalie
Sent: Tuesday, May 07, 2019 1:46 PM
To: Prince, Elizabeth
Subject: Fwd: [EXTERNAL] Ingrid Desormes 980472

FYI

Rosalie B. Espino, ADO SE Region
7086575311

Begin forwarded message:

From: "Peek, Shelly" <Shelly.Peek@kindred.com>
Date: May 7, 2019 at 10:41:23 AM EDT
To: "Espino, Rosalie" <Rosalie.Espino@rehabcare.com>
Subject: RE: [EXTERNAL] Ingrid Desormes 980472

Hi Rosalie –

I've responded to Ingrid but just wanted to let you know that we will not be providing her with a copy of her personnel records.

From: Espino, Rosalie
Sent: Monday, May 06, 2019 5:30 PM
To: Peek, Shelly
Subject: FW: [EXTERNAL] Ingrid Desormes 980472

FYI. Do we give a copy of the employee file?

From: Prince, Elizabeth
Sent: Monday, May 6, 2019 5:27 PM
To: Espino, Rosalie <Rosalie.Espino@rehabcare.com>
Subject: FW: [EXTERNAL] Ingrid Desormes 980472

Rosalie,

Just received from HR Help. How would you like me to respond?

Elizabeth

From: HR Help
Sent: Monday, May 06, 2019 5:22 PM
To: Prince, Elizabeth
Subject: FW: [EXTERNAL] Ingrid Desormes 980472

Good Afternoon,

Can you please approve or deny the request below.

Thanks,

Heather

HR Help
HRHelp@kindred.com
877-999-7751
877-301-7782 (fax)

****DO NOT DELETE**** {SrvReqNo:[8001187724]} **** DO NOT DELETE****

Original Text

From: Ingrid Desormes <idesormes.slp@gmail.com>
To: Hrhelp@kindred.com
CC:
Sent: 05/06/19 12:22:48
Subject: [EXTERNAL] Copy of employee file

To whom this may concern,

I am formally requesting a copy of my complete Employee file. Please send as soon as possible.
Thank you in advance

Ingrid Desormes, MA CCC/SLP

Sent from my iPhone

Prince, Elizabeth

From: Espino, Rosalie
Sent: Monday, April 29, 2019 12:04 PM
To: Prince, Elizabeth
Subject: RE: Ingrid Desormes Payroll

Ok. Once he investigation concludes, then we will find out about how we will pay her later. Will keep you posted.

From: Prince, Elizabeth
Sent: Monday, April 29, 2019 12:02 PM
To: Espino, Rosalie <Rosalie.Espino@rehabcare.com>
Subject: RE: Ingrid Desormes Payroll

No, she did not put any time in for Thursday, I will need to call her about her time.

From: Espino, Rosalie
Sent: Monday, April 29, 2019 10:46 AM
To: Prince, Elizabeth
Subject: RE: Ingrid Desormes Payroll

Do not do anything for Monday and Tuesday. Was she scheduled for Friday? You can put in her time for Thursday when she came to the facility or did she clock in and out that day?

From: Prince, Elizabeth
Sent: Monday, April 29, 2019 10:30 AM
To: Espino, Rosalie <Rosalie.Espino@rehabcare.com>
Subject: Ingrid Desormes Payroll

As payroll close is Wednesday, what do I do for Ingrid Monday and Tuesday and last Thursday, Friday? She did work on Wednesday that I can enter, but I don't know what to enter if anything for the days she was on suspension.

Elizabeth Prince, MS, PT
Program Director of Rehabilitation
Kindred Hospital of the Palm Beaches
5555 Blue Heron Blvd.
Riviera Beach, FL 3341
Direct (561) 904-8924
Email:Elizabeth.Prince@kindred.com
www.khthepalmbeaches.com

Dedicated to Hope, Healing and Recover

The information contained in this E-mail transmission is intended only for the use of the individual or entity to whom it is addressed. It may contain privileged, confidential, and protected health information.If you received it in error, you are on notice of its status.Please notify us immediately by reply e-mail and then please delete this message from your system. Please do not copy it or use it for any purposes, or disclose its contents to any other person. To do so could violate state and Federal privacy laws. Thank you for your cooperation.Please contact the sender if you need assistance.

Prince, Elizabeth

From: Espino, Rosalie
Sent: Friday, April 26, 2019 10:29 AM
To: Prince, Elizabeth
Subject: RE: [EXTERNAL] Suspension

Let her know that Compliance will give her a call. She was suspended because there is an investigation regarding a patient that went to ICU in which she was involved with the patient care and that during the investigation Compliance recommended suspension. Compliance will be in touch with her.

-----Original Message-----
From: Prince, Elizabeth
Sent: Friday, April 26, 2019 9:56 AM
To: Espino, Rosalie
Subject: FW: [EXTERNAL] Suspension

Hi Rosalie,

I received this from Ingrid last night. I do not want to respond without your guidance. Please let me know how or if you would like me to respond

Elizabeth Prince

-----Original Message-----
From: Ingrid Desormes [mailto:idesormes.slp@gmail.com]
Sent: Thursday, April 25, 2019 5:49 PM
To: Prince, Elizabeth
Subject: [EXTERNAL] Suspension

Elizabeth,
Sorry to bother so late. I was wondering if you could please give me a clear reason as to why I have been suspended. I'm very unclear. I was surprised during the phone conversation with Rosalie so I did not have any questions at the time, but after deep thought, I found that I was a bit confused. Can you please provide some insight regarding the rationale behind the suspension?

☐ **Facility Specific Addendum Attached - Review All of Policy and Addendum Pages**
(Check if State Specific and/or Facility Specific Policy Addendum is attached)

PURPOSE

This policy establishes guidelines for the review of medication orders by a pharmacist.

POLICY

The policy of Kindred Hospital is to ensure the following:

1. All medication orders shall be transmitted to the Pharmacy.

2. Any clarification or verification of orders shall be done between the pharmacist/nurse/respiratory therapist and the ordering physician.

3. When the pharmacy is closed, medication orders must be reviewed by the nursing supervisor and the administering nurse or respiratory therapist before medication administration unless a physician prepares and administers the medication.
   a. See Obtaining Medications in the Absence of a Pharmacist Policy
   b. Such orders will be retrospectively reviewed by a pharmacist as soon as the pharmacy reopens
   c. Policy items 1-3 do not apply in urgent situations when the resulting delay would harm the patient, including situations in which the patient experiences a sudden change in clinical status.
      - H-MM 04-006 Obtaining Medication in the Absence of a Pharmacist

4. All medication orders will be reviewed by a licensed pharmacist (OR nursing supervisor and the administering nurse if the pharmacy is closed) prior to dispensing and administering the medication:
   a. Appropriateness of the drug, dose, frequency, and route of administration
   b. Therapeutic duplication
   c. Real or potential allergies or sensitivities
   d. Real or potential interactions between the prescription and other medications, food, and laboratory values
   e. Other contraindications
   f. Variation from organizational criteria for use, if applicable
   g. Other relevant medication-related issues or concerns

5. When a medication order is received in the Pharmacy and clarification or verification is needed, the pharmacist is responsible for:
   a. Contacting the prescribing practitioner
   b. Informing the nurse that a clarification is needed and that the medication will not be dispensed until the prescriber is contacted
   c. Resolving the problem relating to the medication order
   d. Communicating the new medication order information to the appropriate nurse on the nursing unit, and entering the new medication order in the Medical Record as a **telephone** order.

DEFINITIONS

Not applicable

PROCEDURE

Not applicable

☐ **Facility Specific Addendum Attached - Review All of Policy and Addendum Pages**
(Check if State Specific and/or Facility Specific Policy Addendum is attached)

PURPOSE

This policy establishes guidelines for the review of medication orders by a pharmacist.

POLICY

The policy of Kindred Hospital is to ensure the following:

1. All medication orders shall be transmitted to the Pharmacy.

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   a. See Obtaining Medications in the Absence of a Pharmacist Policy
   b. Such orders will be retrospectively reviewed by a pharmacist as soon as the pharmacy reopens
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DEFINITIONS

Not applicable

PROCEDURE

Not applicable

☐ **Facility Specific Addendum Attached - Review All of Policy and Addendum Pages**
(Check if State Specific and/or Center Specific Policy Addendum is attached)

POLICY

The following guidance is applicable to Kindred hospital facilities as well as KHRS contract LTACH facilities.

COMPONENTS:

Verbal/Telephone Orders

Following the correct procedure for writing and/or following verbal/telephone orders is important to ensure patient safety and to prevent errors in care.

Therapists follow facility specific policies, state practice act regulations and laws, and regulatory agency policies (Centers for Medicare and Medicaid Services, The Joint Commission, etc.) when requesting or transcribing physician orders (i.e. verbal orders, telephone orders, separate rehabilitation order forms etc.).

Only therapists (not assistants or rehab aides/technicians) receive orders within their discipline specific scope of practice. Physician "standing orders" or orders that are "automatic", wherein a therapist may initiate or alter rehabilitation service delivery without proper physician communication/collaboration are not acceptable.

All therapists must have a physician's order(s) before initiating:

1. The evaluation of the patient.
2. Treatment of the patient.
3. Placement of the patient on medical hold.
4. Significant changes to the treatment plan. (For Medicare Part B: unless there is a signed recertification note by the physician, nurse practitioner (NPP), to reflect the changes to the treatment plan).
5. Continued treatment and/or reassessment of the patient following transfer to higher level of care (i.e., patient is moved to intensive care unit).

Verbal and telephone orders can only be received and documented by those rehabilitation professionals in which the state they practice allows them to take physician orders.

Requesting and Receiving Orders

1. Rehab professionals may request written or verbal physician, NPP, Doctor of Osteopathy, Doctor of Podiatric Medicine or Doctor of Optometry (for low vision rehabilitation only) orders or make recommendations for the specifics of rehabilitation related orders within the PT, OT and SLP scope of practice and their state practice act.

© KRS

2. A PT, OT or SLP may receive and transcribe a physician order only if the state practice act indicates that he/she may do so. If the discipline specific state practice act does address if a therapist can receive and/or transcribe a physician order, facility specific written policies and physician orders must be followed.
   a. When receiving a physician order via phone or in person, the therapist "reads back" the order to the physician or NPP to ensure accuracy. Once accuracy is confirmed and the order is written on the telephone order document or facility system, the order will be given to nursing to transcribe and note in the medical record physician orders section (or per facility policy).
   b. If the discipline specific state practice act does not address if a therapist can receive and/or transcribe a physician order, facility written policies specific to physician orders are followed.
      - *Note: Medicare and state regulations dictate when a physician, NPP, Doctor of Osteopathy, Doctor of Podiatric Medicine or Doctor of Optometry (for low vision rehabilitation only) may write a therapy evaluation and treatment order. Chiropractors and Doctors of Dental Surgery or Dental Medicine are not considered physicians for therapy services and may neither refer patients for rehabilitation therapy services nor establish therapy plans of care. The most stringent regulation/s should always be followed. Specific facility policies may apply. NPP requirements vary by state and facility – those policies should be followed.*

PROCEDURE:

1. The therapist visually confirms that an order to **evaluate and treat** exists in the medical record before initiating the evaluation and treatment. This order is sufficient until the time of discharge.
   - *Note: For Medicare B: All time frames for certification/re-certification of the plan of care must be met.*
2. If there is an evaluation order only, an order to treat must be obtained before treating the patient.
3. If the order to evaluate and treat is not clearly stated (i.e., PT consult, OT as needed, SLP screen) a clarification order is necessary to ensure the physician's intent is clearly stated.
4. If the patient is discharged from the facility, no discharge order is necessary. If the patient remains in the facility after discharge from therapy, a **discharge order is required** *unless* a discharge summary is written on the day of the discharge.
5. When converting from Medicare Part A to Medicare Part B, new evaluate and treat orders are only necessary when the original orders for Medicare Part A have been discharged.
6. Speech-language pathologists or occupational therapists providing dysphagia services must obtain physician orders to upgraded and downgraded diet textures throughout the course of skilled care. Speech pathologists or occupational therapists provide recommendations for solid and liquid consistencies only; diet restrictions or therapeutic portions of the diet should not be addressed via the SLP or OT providing dysphagia therapy.

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Confidential and Proprietary Information

Kulynych, Lubomyr P

From: t.range@rangelawfirm.com
Sent: Wednesday, June 12, 2019 10:00 AM
To: Kulynych, Lubomyr P
Cc: Ingrid Desormes
Subject: Re: Email for Lou Kulynych

Good morning Mr. Kulynych,

Thank you for returning my call. My firm has been retained to represent Ms. Ingrid Desormes in Case No 201918844 in regards to an investigation opened with the Department of Health. Per our conversation, my client has 20 days from today to respond to the notice of investigation which puts the deadline on Tuesday, July 2nd. I have a few questions regarding the matter so please give me call at the number below when time permits. Thank you in advance for your time and have a nice day.

Sincerely,

Tamieka Range, Esq.
The Range Law Firm
407.502.7626
T.Range@Rangelawfirm.com

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On Jun 12, 2019, at 9:52 AM, Kulynych, Lubomyr P <Lubomyr.Kulynych@flhealth.gov> wrote:

Email for Lou Kulynych

Lubomyr "Lou" Kulynych, Medical Quality Assurance Investigator
Department of Health | Division of Medical Quality Assurance | Bureau of Enforcement | Investigative Services Unit West Palm Beach
900 South US Highway One, Suite 207
Jupiter, FL 33477
Phone 561/741-4583
Fax 561/741-4581
Work Schedule: Tues–Fri 700-1730

<image001.jpg>
Mission: To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

EX#8

Kulynych, Lubomyr P

From: t.range@rangelawfirm.com
Sent: Tuesday, July 2, 2019 1:41 PM
To: Kulynych, Lubomyr P
Cc: Ingrid Desormes
Subject: Re: Case No. 2019018844
Attachments: Case_No._201918844_-_Response_Letter.pdf; CV - Case No 201918844.pdf

Good afternoon Mr. Kulynych,

Attached please see a response letter and a CV on behalf of my client Ms. Ingrid Desormes. Thank you in advance for your time and I hope you have a good day.

Take care,

Tamieka Range, Esq.
The Range Law Firm
407.502.7626
T.Range@Rangelawfirm.com

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On Jun 12, 2019, at 1:48 PM, Kulynych, Lubomyr P <Lubomyr.Kulynych@flhealth.gov> wrote:

Good Afternoon Ms. Range,

I received your email. You can call me back at 56-741-4583.

Thank you,

Lubomyr "Lou" Kulynych, Medical Quality Assurance Investigator
Department of Health | Division of Medical Quality Assurance | Bureau of Enforcement | Investigative Services Unit West Palm Beach
900 South US Highway One, Suite 207
Jupiter, FL 33477
Phone 561/741-4583
Fax 561/741-4581
Work Schedule: Tues–Fri 700-1730

<image001.jpg>

EX#9

Mission: To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

NOTE: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.

From: t.range@rangelawfirm.com <t.range@rangelawfirm.com>
Sent: Wednesday, June 12, 2019 10:00 AM
To: Kulynych, Lubomyr P <Lubomyr.Kulynych@flhealth.gov>
Cc: Ingrid Desormes <idesormes.slp@gmail.com>
Subject: Re: Email for Lou Kulynych

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Sincerely,

Tamieka Range, Esq.
The Range Law Firm
407.502.7626
T.Range@Rangelawfirm.com

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Email for Lou Kulynych

Lubomyr "Lou" Kulynych, Medical Quality Assurance Investigator
Department of Health | Division of Medical Quality Assurance | Bureau of Enforcement | Investigative Services Unit West Palm Beach
900 South US Highway One, Suite 207
Jupiter, FL 33477
Phone 561/741-4583
Fax 561/741-4581

Work Schedule: Tues–Fri 700-1730

<image001.jpg>
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RANGE LAW
------- LEGAL & BUSINESS COUNSEL -------

Tamieka Range, Esq.
www.RangeLawFirm.com
T.Range@RangeLawFirm.com
P: (407) 502 - 7626
F: (407) 567 - 0169

July 2, 2019

Re: Case No. 201918844

Dear Mr. Kulynych,

This letter is in regards to a violation alleged against Ms. Ingrid Desormes, hereinafter referred to as my Client by Kindred Hospital. Kindred Hospital, (hereinafter "Kindred"), alleged that my Client violated the Practices Act as a Speech-language Pathologist. I hope this letter serves to provide a different angle of the alleged situation.

My Client has practiced as a Speech-language Pathologist for 10 years. During my Clients' career, there has never been any allegation against her asserting that she either practiced beyond her scope or below the acceptable level of care provided to patients with any prior employer. My Client is a passionate Speech-language Therapist and she has a history of advocating and communicating with patients in order to obtain a full assessment of their medical history and prospective needs.

During my Clients' 2 years with Kindred, she practiced without a single employment issue or complaint. It has always been her objective to follow standard operating procedures provided by an employer to provide the best care for her patients. Kindred's standard operating procedures created an environment in which entering physician orders were completed either over the phone or via other verbal means. Although there is generally room for miscommunication when entering orders on behalf of a physician, it was never my Clients intention to compromise the patient's health. My Client acted with only the best of intentions and with the understanding that she had the proper authority to take the actions in questions to manage and mitigate the risk to the patient. All steps taken were in line with previous practices among other staff members within Kindred.

After 10 years in practice, my Client has demonstrated a high level of competency and has demonstrated first class professionalism. The alleged violation is a first for my Client, however, it has increased her awareness as a practitioner and taught her a valuable lesson about communication of patient care. In the future, My Client will be more mindful of any potential miscommunication between herself and other attending physicians with any employer.

This is a first-time accusation of a violation of a practice act for unprofessional conduct over the entire course of my Client career; therefore it demonstrates that it is always the intent of my Client to offer top-notch patient care while following company standard operating procedures. Nonetheless, and notwithstanding the alleged violation, since there has been no history of disciplinary action against my Client, shall the Board finds that there was a violation, we ask that the board issue a warning in accordance with Fla. Stat. 456.077 and assess a penalty as determined by rule of the board or department.

Sincerely,

DocuSigned by:
Tamieka Range
AF66AEDA5950482...

Tamieka Range, Esq.
Attorney for Ms. Ingrid Desormes

Ingrid Desormes
West Palm Beach, FL 321-662-2156 idesormes.slp@gmail.com

Speech Language Pathologist, Certified Clinically Competent since January of 2010

In December of 2008, I received my degree to become what I had been striving to become for all my life: a provider of care to the general population. Through my practice, I have learned where my passion specifically lies- with Adults and Geriatrics. My career has taken me from setting to setting, state to state, and I've learned a great deal in my 10 years of practice. The most important thing I learned throughout my time, is the importance of interdisciplinary process in efforts to meet patient goals and achieve optimal outcomes. I'm passionate, hard working, and always studying to assure that I am able to provide my patients with the most recent standard of care as well as to make sure their quality of life is respected and safely achieved. Through my practice I have developed competency within the following areas of care:

— Assessment and Treatment
— NMES (Vital Stimulation) Certified
— Education provision for patients, CGs, and team members (physicians, nurses, OTs, PTs, etc)

— OASIS proficiency
— Video Fluroscopy Analysis
— Mechanical Ventilation with PassyMuir utilization (inline or during piece trials)

—Administrative Responsibilities
— Home Program Development
— Care plan development with goal achievement for high-risk patients

I've had the pleasure of teaching and mentoring to the next generation of speech language pathologists from the externship level to the clinical fellowship period of skilled competency development. Additionally, I have provided educational in services to various level of facilities, schools, and home health agencies in efforts to increase understanding and awareness of current practices of Speech Language Pathologist. Ultimately, my greatest passion is working with high-risk patients and teaching the next generation of clinicians. I have specialized the last 3 years of my career to building highly comprehensive and clinically forward advances in rehabilitative strategies that facilitate optimal quality of life while maintaining the safety of the patient case by case.

Educational Summary

- **Certified Clinically Competent (CCC)**, January 2010-Present
- **Clinical Fellowship Year (CFY)**, February 2009- January 2010
- **High School Diploma,** WEST ORANGE HIGH SCHOOL – Winter Garden, FL, 2002
- **College Degree**, UNIVERSITY OF CENTRAL FLORIDA – Orlando, FL
  - ***Masters of Arts***, Communication Sciences and Disorders, December 2008
  - ***Bachelor of Science***, Communication Sciences and Disorders, May 2006

Professional Experience

St Mary's Medical Center — West Palm Beach FL
Speech Language Pathologist, March 2019- Present

Bethesda Hospital East —Boynton Beach, FL
Speech Language Pathologist, Feb 2019- Present

Experience Description for Acute hospital setting

001511

- Under general supervision and according to established policies and procedures, diagnoses and treats speech, language, swallowing and cognitive disorders.
- Responsible for treating the complex/specialty cases for assigned site(s).
- Diagnoses speech, language, cognitive and oral-pharyngeal swallowing disorders utilizing a variety of tests such as articulation, language, voice/resonance, fluency, cognitive communications skills, and subjective/objective swallow analysis etc.
- Researches and analyzes patients medical history from test performances, medical records and case histories. Utilizes information to diagnose and treat patients.
- Designs treatment plans and administers treatment to patients with speech, language and oral-pharyngeal swallowing disorders.
- Counsels, educates and advises patients and their families regarding communicative, cognitive and swallowing functioning, and develops home programs for patient as needed.
- Documents diagnostic reports and therapeutic progress notes according to departmental procedures; codes information for billing purposes to ensure maximum reimbursement from third party payers.
- Participates as a member of the inter-disciplinary rehabilitation team; attends chart rounds and departmental meeting.
- Provides staff mentoring and develops/implements educational in-services for staff.
- Provides presentations and/or in-service education to professional staff, students, outside community, etc.
- May instruct and monitor speech and language pathology interns.
- Enhances professional expertise through seminars, workshops, conferences, reading, professional organizations, etc.

Kindred Hospital of the Palm Beaches — Riviera Beach, FL
Speech Language Pathologist, Aug 2017- May 2019

Experience Description for Long term Acute hospital setting

- Review, collect and evaluate relevant clinical data for patients on mechanical ventilation, strokes, TBIs, acute falls with subsequent rhabdomyolosis/encephalopathy.
- Formulate and implement an appropriate patient care plan based on patient needs and best practice.
- Collaborates and coordinates patients care plans with patient/family and other care providers.
- Perform therapeutic procedures for clients as outlined in patient's plan of care.
- Participates in patient/family teaching.
- Complete Videofluoroscopy evaluations with patients on and off mechanical ventilation as well as medically complex patients with various medically complex histories
- Maintain clinical and professional competency.
- Completes all documentation requirements in the established time frame.
- Responsible for supervision of all care delivered by interns or CFs, communicating routinely as to patient needs/goals.
- Attends in service programs and departmental or hospital meetings as needed.
- Shares experience by mentoring students, new employees, volunteers and presenting in services.
- Maintains involvement in department and hospital activities.
- Provides feedback to the Manager.
- May assist with staff competencies.
- Assist in departmental planning , staff training, performance improvement, and clinical service development.
- Assist with departmental productivity by fulfilling individual work responsibilities and reporting significant variances in patient volume that may require manager adjustments to staffing.

Speech Center Plus, INC- Medford, OR (OP Pediatrics)
Pediatric SLP July 2016- May 2017

Providence Home Services - Medford, OR (Home Health)
Home Health PRN SLP Sep 2015- May 2017

Southern Oregon Home Health/Three Rivers - Medford, OR (Home Health)
Home Health PRN SLP Aug 2015- May 2017

Consonus Rehab - Medford, OR (SNF, ALF, ILF)
PRN (SNF, ALF, ILF) SLP July 2015- May 2017

Prostaffing - Medford, OR (SNF)
PRN SLP July 2015- March 2017

MedTravelers — FL, OR (SNF)
Traveling SLP, Nov 2014- July 2015
Provide comprehensive Speech Language Pathology services to facilities requiring temporary support and maintain seamless therapeutic intervention while enhancing interdisciplinary teamwork.

Experience Description across above settings

- Quick entry into clinical role with minimal training or orientation needed to facilitate streamlined care from previous treating therapist
- Caregiver and family education regarding pt's current and future needs with regards to speech, language, swallow, and cognitive communication
- Clinical provision of skilled analysis, education, instruction, training, and exercises as tolerated to address deficit areas and increase pt's potential for achieving PLOF
- Development of clear comprehensive individualized documentation to increase awareness of skills provided as well as pt response to skilled intervention
- Coordination with interdisciplinary team to provide most appropriate intervention model

Aegis Therapies- Quincy, CA (SNF)
Director of Rehabilitation, April 2013- Oct 2014

Experience Description for Directorship

- Planned, developed, and implemented all aspects of business with support from area vice president to assure customer satisfaction
- Responsible for development, retention, and hiring of occupational and physical therapists for 2 difficult to staff locations
- Participated in interdisciplinary team meetings between rehab, physicians, facility administrators, nursing, and social services to achieve appropriate plan of care for skilled residents
- Regular review of skilled documentation with education and feedback to achieve most comprehensive view of skilled services received by OT/PT/SLP
- Coordinating therapy department from scheduling to RUG management to provide appropriate level of care
- Overseeing clinical competency of site staff within the guidelines of California state regulations
- Marketing upon request for advocacy and education of the rehabilitation services provided to local physicians, hospitals, and specialists
- Provision of skilled SLP services for both facilities to address persons with speech, language, cognitive, or swallowing disorders

Coremedical Group — FL, HI, CA (SNF, Acute hospital)

Traveling SLP, May 2011- April 2013

Experience Description for travel company

- Quick entry into clinical role with minimal training or orientation needed to facilitate streamlined care from previous treating therapist
- Caregiver and family education regarding pt's current and future needs with regards to speech, language, swallow, and cognitive communication
- Clinical provision of skilled analysis, education, instruction, training, and exercises as tolerated to address deficit areas and increase pt's potential for achieving PLOF
- Development of clear comprehensive individualized documentation to increase awareness of skills provided as well as pt response to skilled intervention
- Coordination with interdisciplinary team to provide most appropriate intervention model

GENESIS REHAB SERVICES — Stuart, FL
Martin Nursing and Restorative Care Center, Mar 2010-May 2011

- To attend and contribute to patient care, staffing conferences and other related meetings
- To make referrals to other disciplines/agencies in order to address the comprehensive needs of the patient.
- To consult with other members of the rehabilitation team to select the most appropriate therapeutic regimen consistent with the needs and capabilities of each patient.
- To adapt programs and/or plan of care according to the needs of the individual.
- To place patient service first, ensuring patients and families receive the highest quality of service in a caring and compassionate atmosphere which recognizes the individuals' needs and rights.
- To complete screens, examinations, and evaluations of all patients or residents; including history, system review, and application of appropriate tests and measures, synthesis of information and interpretation of findings in order to establish a diagnosis, identify impairments, determine the predicted level of improvement and the time required to achieve it with consideration of precautions and contraindications to design specific care plans.
- To develop appropriate treatment goals and methods in collaboration with the patient and caregivers and complete required documentation in a succinct and objective manner in the following areas:
  - Cognitive communication
  - Oral motor skills (related to dysphagia, dysarthria, apraxia)
  - Perceptual abilities
  - Pragmatics
  - Functional communication
- To instruct patient in the skills and techniques required for participation in therapeutic activities to achieve optimal performance and provide skilled feedback in efforts of development of skills to achieve stated goals.
- To participate in the development of facility wide programming for cognitively impaired residents.

SPEECH REHAB SERVICES, LLC — Boca Raton, FL (SNF, Home Health, Schools, OP Clinic)
Clinical Fellowship Year, Feb 2009- March 2011

- To assess, diagnose, and treat patients with deficits related to speech, language, cognitive-linguistic, swallow, and voice disorder. Predominant case load included patients with swallowing difficulties with etiologies ranging from Parkinson's Disease to Cerebral Vascular Accident, including general weakness, Transient Ischemic Attack, Muscular Dystrophy, Cerebral Palsy, etc.

- To develop patient care plan following initial assessment. Continuous assessment and modification of patient progress to achieve optimal rehabilitation potential with consultation of interdisciplinary team.
- To provide education, instruction and training to patients, caregivers, and family members regarding care plan and generalization of gains made within therapeutic setting.
- To maintain proficiency of documentation requirements of a variety of home health agencies and school board.
- To maintain schedule, contact agencies and physicians, complete documentation with accuracy and timeliness.
- To coordinate and manage group therapy sessions in efforts to achieve optimal level of productivity and time management for completing required therapeutic minutes.
- To screen residents for skilled analysis of potential for intervention appropriateness to achieve optimal quality of life and independence in Assisted and Independent Living facilities.

LUCERNE HOSPITAL, BRAIN INJURY REHABILITATION CENTER — Orlando, FL
Full Time Internship, Aug 2008- Dec 2008

- Evaluation of patients with speech, language, cognitive, and swallowing disorders within an inpatient setting
- Developed functional intervention plans utilizing a variety of therapeutic strategies for patients ranging in age from 16-90+ yrs, while also providing patient/family education and training.
- Collaboration within a multidisciplinary team consisting of Physicians, Physiatrists, Nurses, Dietitians, Occupational and Physical Therapists

001515

CONFIDENTIAL AND EXEMPT MATERIALS

One or more pages have been removed from this document for security reasons

Scroll down to see the available pages or advance to the next document if all pages have been removed.

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456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

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Sent to: Tamieka Range, Esq.
Range Law Firm
7501 Citrus Ave, #1191
Goldenrod, FL 32733

Reference Information

D. Hart

456 file/Desormes/2019-18844

PS Form

9590 9266 9904 2149 5253 05

February 12, 2020

Certified Article Number
9414 7266 9904 2149 5253 02
SENDER'S RECORD

Tamieka Range, Esq.
Range Law Firm
7501 Citrus Ave, #1191
Goldenrod, Florida 32733

Re: Ingrid Renee Desormes, S.L.P.; Complaint No. 2019-18844

Dear Ms. Range:

Pursuant to section 456.073(10), Florida Statutes, enclosed is a copy of the Department's complete investigative file in this matter. Section 456.073(10), Florida Statutes provides in part:

> . . . Upon completion of the investigation and a recommendation by the department to find probable cause, and pursuant to a written request by the subject or the subject's attorney, the department shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward to the subject a copy of the investigative file. Notwithstanding s. 456.057, the subject may inspect or receive a copy of any expert witness report or patient record connected with the investigation if the subject agrees in writing to maintain the confidentiality of any information received under this subsection until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to s. 456.057. The subject may file a written response to the information contained in the investigative file. Such response must be filed within 20 days of mailing by the department, unless an extension of time has been granted by the Department. . . .

Pursuant to the provisions of section 456.073(10), Florida Statutes, your written response must be received by no later than twenty (20) days from the date of this letter. Any requests for an extension of time must be made to my office prior to the expiration of the original twenty (20) days. The CD is password protected. Please contact Brittney Davis at (850) 558-9838 to obtain the password.

If you have any questions, please give me a call at (850) 558-9896.

Sincerely,

Dannie L. Hart
Assistant General Counsel

DLH/bd
Enclosures: Investigative File/CD
Invoice

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

DATE: February 4, 2020

INVOICE NUMBER: MQPR20-237

TO:
TAMIEKA RANGE, ESQ.
RANGE LAW FIRM
7501 CITRUS AVE, #1191
GOLDENROD, FLORIDA 32733-5551

SERVICE RENDERED-	**AMOUNT**
(copy) ____ Pages @$.15 Per Page	$
____ Pages @$.75 Per Page (Color Copied)	$
1 CD @ $8.00 Each	$ 8.00
Charge to Certify Above Copies	$
X-Ray Duplication Charge	$
Research Charge (if over one half hour)	$
At $__per hour x __hours	
Postage & Handling Fees:	
TOTAL AMOUNT DUE UPON RECEIPT	$ 8.00

Payment Options: Cashier Check or Money Order made payable to:

Florida DOH, Division of MQA

Please reference the INVOICE NUMBER on your Payment—Mail to the below address.

Organization Code: 64-75-12-01-030

Expense Code: 461006

EO Code: PA

Profession: Spch Lang Path Audio

Case: Ingrid Renee Desormes

Case Number: 2019-18844

Florida Department of Health
Office of the General Counsel – Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
EXPRESS MAIL: 2585 Merchants Row, Suite 105
PHONE: 850/245-4640 • FAX: 850/245-4662
FloridaHealth.gov

STATE OF FLORIDA
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

DEPARTMENT OF HEALTH,
PETITIONER,

VS. CASE NO: 2019-18844

INGRID RENEE DESORMES, S.L.P.
RESPONDENT.

NOTICE OF HEARING

TO: Tamieka Range, Esq.
7501 Citrus Avenue #1191
Goldenrod, Florida 32733

PLEASE TAKE NOTICE that a disciplinary hearing will be heard before the Board of Speech-Language Pathology and Audiology on Friday, October 23, 2020, commencing at 9:00 a.m. Your client is **REQUIRED** to be present at this meeting. This hearing will take place by video conference https://global.gotomeeting.com/join/381000533 or you may call-in to attend the meeting. The conference number is **1-866-899-4679** and the access code is **381-000-533**

The purpose of the hearing is to consider a motion for: Settlement Agreement

Note: Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you arrive promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Christina Shideler at (850) 245-4444 or by e-mail at Christina.Shideler@flhealth.gov

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at https://floridasspeechaudiology.gov/meeting-information/

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address this 18th day of September 2020.

Christa Peace

Christa Peace
Regulatory Specialist III
Board of Speech-Language Pathology & Audiology

STATE OF FLORIDA
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

DEPARTMENT OF HEALTH,
PETITIONER,

VS. CASE NO: 2019-18844

INGRID RENEE DESORMES, S.L.P.
RESPONDENT.

NOTICE OF HEARING

TO: Ingrid Renee Desormes
410 Evernia Street, Apt. #520
West Palm Beach, Florida 33401

PLEASE TAKE NOTICE that a disciplinary hearing will be heard before the Board of Speech-Language Pathology and Audiology on Friday, October 23, 2020, commencing at 9:00 a.m. You are **REQUIRED** to be present at this meeting. This hearing will take place by video conference https://global.gotomeeting.com/join/381000533 or you may call-in to attend the meeting. The conference number is **1-866-899-4679** and the access code is **381-000-533**

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Note: Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you arrive promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Christina Shideler at (850) 245-4444 or by e-mail at Christina.Shideler@flhealth.gov

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at https://floridasspeechaudiology.gov/meeting-information/

CERTIFICATE OF SERVICE

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Christa Peace

Christa Peace
Regulatory Specialist III
Board of Speech-Language Pathology & Audiology

STATE OF FLORIDA
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

DEPARTMENT OF HEALTH,
PETITIONER,

VS. CASE NO: 2019-18844

INGRID RENEE DESORMES, S.L.P.
RESPONDENT.

NOTICE OF HEARING

TO: Kindred Hospital of The Palm Beaches
5555 Blue Heron Blvd.
Riviera Beach, FL 33418

PLEASE TAKE NOTICE that a disciplinary hearing will be heard before the Board of Speech-Language Pathology and Audiology on Friday, October 23, 2020, commencing at 9:00 a.m. The respondent is **REQUIRED** to be present at this meeting. This hearing will take place by video conference https://global.gotomeeting.com/join/381000533 or you may call-in to attend the meeting. The conference number is **1-866-899-4679** and the access code is **381-000-533**

The purpose of the hearing is to consider a motion for: Settlement Agreement

Note: Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you arrive promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Christina Shideler at (850) 245-4444 or by e-mail at Christina.Shideler@flhealth.gov

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at https://floridasspeechaudiology.gov/meeting-information/

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address this 18th day of September 2020.

Christa Peace

Christa Peace
Regulatory Specialist III
Board of Speech-Language Pathology & Audiology

From:	Peace, Christa
To:	tamieka range
Cc:	"idesormes.slp@gmail.com"
Subject:	Notice of Hearing
Date:	Friday, September 18, 2020 3:03:13 PM
Attachments:	Ingrid Desormes aor.pdf Ingrid Desormes atty.pdf

---

Greetings,

Your client's Settlement Agreement will be presented at the October 23, 2020, Board of Speech-Language Pathology & Audiology video/ teleconference meeting. Your client is required to attend the meeting. Please see the attached correspondence.

Sincerely,

Christa Peace
Regulatory Specialist III
Department of Health/MQA/HCPR
Board of Acupuncture,
Board of Osteopathic Medicine,
Board of Speech-Language Pathology & Audiology
Direct Line (850) 617-1964
Direct Fax (850) 921-6184
Christa.peace@flhealth.gov

How am I communicating? Please contact my supervisor at Carol Taylor with any questions or concerns to comment on my customer service.

Mission: To protect and promote the health of all people in Florida through integrated state, county, & community efforts.
Vision: To be the **Healthiest State** in the Nation
Values: **I**nnovation: We search for creative solutions and manage resources wisely.
Collaboration: We use teamwork to achieve common goals & solve problems.
Accountability: We perform with integrity & respect.
Responsiveness: We achieve our mission by serving our customers & engaging our partners.
Excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

PLEASE NOTE: *Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.*

From:	Peace, Christa
To:	"kurtz44@icloud.com"
Subject:	Notice of Hearing
Date:	Thursday, September 17, 2020 4:31:51 PM
Attachments:	Darren Kurtzer.pdf

Greetings,

Your Motion for Voluntary Relinquishment will be presented at the October 23, 2020, Board of Speech-Language Pathology & Audiology video/ teleconference meeting. You are not required to attend the meeting. Please see the attached correspondence.

Sincerely,

Christa Peace
Regulatory Specialist III
Department of Health/MQA/HCPR
Board of Acupuncture,
Board of Osteopathic Medicine,
Board of Speech-Language Pathology & Audiology
Direct Line (850) 617-1964
Direct Fax (850) 921-6184
Christa.peace@flhealth.gov

How am I communicating? Please contact my supervisor at Carol Taylor with any questions or concerns to comment on my customer service.

Mission: To protect and promote the health of all people in Florida through integrated state, county, & community efforts.
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regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

M E M O R A N D U M

TO: Kama Monroe, JD, Executive Director,
Speech-Language Pathology and Audiology
FROM: Chase E. Den Beste, Assistant General Counsel
RE: Voluntary Relinquishment
SUBJECT: DOH v. Darren Allan Kurtzer, A.Y.
DOH Case Number 2020-13426
DATE: August 19, 2020

Enclosed you will find materials in the above-referenced case to be placed on the agenda for final agency action for the **October 23, 2020** meeting of the board. The following information is provided in this regard.

Subject:	Darren Allan Kurtzer, A.Y.
Subject's Address of Record:	745 SW 148th Ave Apt 807 Davie, FL 33325 727-612-5385 Telephone
Enforcement Address:	745 SW 148th Ave Apt 807 Davie, FL 33325
Subject's License No:	1752 **Rank:** AY
Licensure File No:	1840
Initial Licensure Date:	8/2/2012
License Status:	45: Delinquent

Board Certification:	None
Required to Appear:	No
Current IPN/PRN Contract:	No
Allegation(s):	Section 456.072(1)(f)(k)(dd), Florida Statutes Section 468.1295(1)(g)(bb), Florida Statutes (No Administrative Complaint. Allegations taken from Final Investigative Report)
Prior Discipline:	4020, 03/06/2019, DOH-19-0411-FOI
Probable Cause Panel:	N/A
Subject's Attorney:	Pro Se
Complainant/Address:	Department of Health/ Compliance Management Unit
Materials Submitted:	Memorandum to the Board Motion for Final Order Based Upon a Voluntary Relinquishment of License Voluntary Relinquishment Correspondence from Respondent-Email dated 8/9/20 with Attachments Final Investigative Report with Exhibits 1-2

CED/da

STATE OF FLORIDA
BOARD OF SPEECH LANGUAGE PATHOLOGY & AUDIOLOGY

DEPARTMENT OF HEALTH,

Petitioner,

CASE NO. 2020-13426

DARREN ALLAN KURTZER, A.Y.,

Respondent.
_____/

MOTION FOR FINAL ORDER
BASED UPON A VOLUNTARY RELINQUISHMENT OF LICENSE

COMES NOW, the Petitioner, by and through its undersigned counsel, and moves the Board of Speech Language Pathology & Audiology for entry of a Final Order in the above-styled cause on a date and time that has been determined and noticed by the Board. As grounds therefore, the Petitioner would state the following:

1. On or about May 1, 2020, a Uniform Consumer Complaint was filed with the Department of Health, alleging that the Subject violated the provisions of Chapter 468 or Chapter 456, Florida Statutes.

2. In lieu of undergoing further disciplinary proceedings, the Respondent returned an executed Voluntary Relinquishment of his license.

3. Respondent has been advised, by a copy of this Motion, that a copy of the investigative file in this case shall be furnished to the Board to establish a prima facie case regarding the violations as set forth in the Uniform Consumer Complaint.

WHEREFORE the parties respectfully request the Board of Speech Language Pathology & Audiology enter a Final Order incorporating the terms of the Voluntary Relinquishment of Licensure.

Respectfully submitted,

/s/Ryan Sandy

Ryan Sandy
Assistant General Counsel
Florida Bar No. 117940
DOH Prosecution Services Unit
4052 Bald Cypress Way
Tallahassee, FL 32399-3265
Telephone (850) 558-9862
Fax (850) 245-4684
Ryan.Sandy@flhealth.gov

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the above and foregoing has been provided by U.S. mail this 19th day of August, 2020, to: Respondent Darren Allan Kurtzer, A.Y., 745 SW 148th Avenue, Apt 807, Davie, Florida 33325.

/s/Ryan Sandy

Ryan Sandy
Assistant General Counsel

RS/da

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: Amanda Morales
DATE: 8-11-2020

STATE OF FLORIDA
BOARD OF SPEECH-LANGUAGE PATHOLOGY & A

DEPARTMENT OF HEALTH,

PETITIONER,

v. **CASE NO. 2020-13426**

DARREN ALLAN KURTZER Au.D.,

RESPONDENT.
_____/

VOLUNTARY RELINQUISHMENT OF LICENSE

Respondent, **Darren Allan Kurtzer Au.D.**, license number **AY 1752,** hereby voluntarily relinquishes Respondent's license to practice as an Audiologist in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this cause. Respondent understands that acceptance by the Board of Speech-Language Pathology & Audiology (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to section 456.072(1)(f), Florida Statutes. As with any disciplinary action, this relinquishment will be reported to the National Practitioner Data Bank as

disciplinary action. Licensing authorities in other states may impose discipline in their jurisdiction based on discipline taken in Florida.

2. Respondent agrees to never reapply for licensure as an Audiologist in the State of Florida.

3. Respondent agrees to voluntarily cease practicing as an Audiologist immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from practicing as an Audiologist until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written final order in this matter.

4. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of section 456.073(10), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in the above-styled action. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible by the public. Respondent

understands that this waiver of confidentiality is a permanent, non-revocable waiver.

5. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing hereby waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to section 456.073(4), Florida Statutes.

6. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

7. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this matter.

8. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related

materials by the Board shall not prejudice or preclude the Board, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.

DATED this 7 day of AUGUST, 2020.

Darren Allan Kurtzer Au.D
Case No. 2020-13426

PROVINCE
~~**STATE**~~ **OF** ONTARIO
COUNTY OF CANADA

Sworn to (or affirmed) and subscribed before me by means of X physical presence or □ online notarization, this 7 day of AUGUST, 2020, by DARREN ALLAN KURTZER.

CURTIS WAYNE MCMINN NOTARY PUBLIC ONTARIO

Signature of Notary Public

Curtis W. McMinn
Barrister, Solicitor, Notary Public

Print, Type or Stamp Commissioned name of Notary Public

My Commission Expires: NO EXPIRY

Personally Known_____ OR Produced Identification X

Type of Identification Produced DRIVERS LICENCE

Ashworth, Debra L

From: Sandy, Ryan
Sent: Sunday, August 9, 2020 4:57 PM
To: Ashworth, Debra L
Cc: Shideler, Christina; Dunn, Chad; Lake, Irene
Subject: FW: Voluntary Relinquishment
Attachments: Payment extension aud .pdf; Rel .pdf

Please send to the Board at your conveyance.

-Ryan

From: Darren Kurtzer <kurtz44@icloud.com>
Sent: Friday, August 7, 2020 10:35 AM
To: Sandy, Ryan <Ryan.Sandy@flhealth.gov>
Subject: Re: Voluntary Relinquishment_Kurtzer

Hello,

Please see attached documents and forward them with this message to the Florida Board of Audiology. I am reluctantly signing this voluntary relinquishment, which I believe to be unlawful enforcement of an erroneous Florida Board of Audiology final order, where two conditions were decided in unison: a fine and 3 years of active probation. Apparently, The Board did not have the authority to enact this final order, yet has decided to enforce the financial aspect of the order but not the active probation portion. This seems highly unlawful and unfair.

In addition, the threat of additional punishment for non payment in the form an administrative complaint was brought to my attention by attorney Ryan Sandy despite my request for a payment extension plan (see attached documents from compliance Officer Sondra Nelson). This, along the lines of this entire process, is grossly absurd.

Finally, the solution of voluntarily relinquishing my license to make up for the Florida Board of Audiology's error, will add yet another public punishment to my record. This brings a double jeopardy, res judicata, collateral estoppel scenario into question where I am being punished multiple times for the same occurrence, which had already been decided on.

My requested solution is for the Florida Board of Audiology to waive the fine/fees entirely or postpone them until I can resume my 3 year probation period if and when I resume practice in the future. This would be a fair solution as opposed to imposing another permanent punishment on me for the same allegations and forcing me to relinquish my license. I ask that this be considered prior to enacting this relinquishment.

Darren Kurtzer

SN

Sondra Nelson

To: Darren Kurtzer >

RE: Payment Arrange

Good morning Mr. Kurtzer,

I apologize for the delay but
office.

The Board approved the pay
request. The first payment c
August 5, 2020. Attached is

> On Jul 29, 2020, at 8:17 AM, Sandy, Ryan <Ryan.Sandy@flhealth.gov> wrote:
>
> Darren, I will see to it that this letter is placed before the Board when they review your voluntary relinquishment form.
>
> Regards,
>
> Ryan
>
> -----Original Message-----
> From: Darren Kurtzer <kurtz44@icloud.com>
> Sent: Monday, July 27, 2020 1:14 PM
> To: Sandy, Ryan <Ryan.Sandy@flhealth.gov>
> Cc: Ashworth, Debra L <Debra.Ashworth@flhealth.gov>; Nelson, Sondra <Sondra.Nelson@flhealth.gov>
> Subject: Re: Voluntary Relinquishment_Kurtzer
>
> Hello,
>
> Thank you for the prompt reply. As we discussed previously, I will likely submit the voluntary relinquishment on August 7th; however, I wanted it on record that I feel this is quite an unlawful process to all but force me to suffer yet another permanent consequence for the Florida Board of Audiology's error in writing their final order. In their final order, I was deemed safe and able to practice under indirect supervision for 3 years in addition to requiring a large fine payment. Clearly, they did not write that order under conclusion of law, as I am unable to renew my license to comply with their final order. It seems absurd to enforce the financial aspect of the order and not the active probation period that the Board ordered under conclusion of law (as stated in their final order).
>
> Furthermore, I have requested a payment extension plan with my compliance officer Sondra Nelson some time ago to avoid this permanent relinquishment on my already blemished record. I have not received any sort of reply. Due to the fact that I am unable to practice in my field, even though the Florida Board of Audiology deemed I would be able, as well as COVID-19 disrupting my current industry and income, I can't imagine an extension request would be ignored outright like this. Irregardless, I wanted to voice my concern so that a future error like this does not occur, subjecting the defendant to multiple unlawful circumstances and consequences in a double jeopardy/res judicata/collateral estoppel scenario that I seem to be currently under.
>
> Darren Kurtzer
> 727-612-5385
>
>> On Jul 26, 2020, at 5:07 PM, Sandy, Ryan <Ryan.Sandy@flhealth.gov> wrote:
>>
>> Darren,
>>
>> That is a standard provision. It's reflected in both Florida Law and how the Board addresses these matters.
>>
>> Regards,
>>

>> Ryan
>>
>> -----Original Message-----
>> From: Darren Kurtzer <kurtz44@icloud.com>
>> Sent: Saturday, July 25, 2020 3:34 AM
>> To: Sandy, Ryan <Ryan.Sandy@flhealth.gov>
>> Cc: Ashworth, Debra L <Debra.Ashworth@flhealth.gov>
>> Subject: Re: Voluntary Relinquishment_Kurtzer
>>
>> Hello,
>>
>> Thank you for sending this. Is #2 standard in a voluntary relinquishment (can never reapply as an Audiologist in the State of Florida)? That seems quite harsh?
>>
>> Thank you,
>>
>> Darren Kurtzer
>>
>>>> On Jul 24, 2020, at 12:11 PM, Sandy, Ryan <Ryan.Sandy@flhealth.gov> wrote:
>>>
>>> Mr. Kurtzer,
>>>
>>> As we discussed this morning, I have attached a voluntary relinquishment (VR) form to this email.
>>>
>>> Please review and sign it, if it makes sense to do so.
>>>
>>> Also, as we discussed, you have until August 7th, 2020 to send back the VR, before we move ahead with an administrative complaint.
>>>
>>> Please contact me if you have any questions.
>>>
>>> Regards,
>>>
>>> Ryan
>>>
>>>
>>> Ryan Sandy
>>> Assistant General Counsel
>>> Florida Bar No. 117940
>>> DOH Prosecution Services Unit
>>> 4052 Bald Cypress Way
>>> Tallahassee, FL 32399-3265
>>> Telephone (850) 558-9862
>>> Ryan.Sandy@flhealth.gov
>>>
>>>
>>> <Voluntary Relinquishment_Kurtzer.pdf>
>

STATE OF FLORIDA
BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY

DEPARTMENT OF HEALTH,

PETITIONER,

v. **CASE NO. 2020-13426**

DARREN ALLAN KURTZER Au.D.,

RESPONDENT.

_____/

VOLUNTARY RELINQUISHMENT OF LICENSE

Respondent, **Darren Allan Kurtzer Au.D.**, license number **AY 1752**, hereby voluntarily relinquishes Respondent's license to practice as an Audiologist in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this cause. Respondent understands that acceptance by the Board of Speech-Language Pathology & Audiology (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to section 456.072(1)(f), Florida Statutes. As with any disciplinary action, this relinquishment will be reported to the National Practitioner Data Bank as

disciplinary action. Licensing authorities in other states may impose discipline in their jurisdiction based on discipline taken in Florida.

2. Respondent agrees to never reapply for licensure as an Audiologist in the State of Florida.

3. Respondent agrees to voluntarily cease practicing as an Audiologist immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from practicing as an Audiologist until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written final order in this matter.

4. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of section 456.073(10), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in the above-styled action. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible by the public. Respondent

understands that this waiver of confidentiality is a permanent, non-revocable waiver.

5. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing hereby waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to section 456.073(4), Florida Statutes.

6. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

7. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this matter.

8. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related

materials by the Board shall not prejudice or preclude the Board, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.

DATED this 7 day of AUGUST, 2020.

Darren Allan Kurtzer Au.D
Case No. 2020-13426

PROVINCE
~~**STATE**~~ **OF** ONTARIO
COUNTY OF CANADA

Sworn to (or affirmed) and subscribed before me by means of X physical presence or □ online notarization, this 7 day of AUGUST, 2020, by DARREN ALLAN KURTZER.

CURTIS WAYNE MCMINN NOTARY PUBLIC ONTARIO

Signature of Notary Public

Curtis W. McMinn
Barrister, Solicitor, Notary Public

Print, Type or Stamp Commissioned name of Notary Public

My Commission Expires: NO EXPIRY

Personally Known_____ OR Produced Identification X

Type of Identification Produced DRIVERS LICENCE

July 29, 2020

Darren Allan Kurtzer, AY
745 SW 148 Avenue, Apt. 807
Davie, FL 33325

Final Order filed: 02/22/2018
Case Number: 201805060
License Number: 1752

Dear Mr. Kurtzer:

The Board of Speech-Language and Audiology has reviewed and approved your request for a payment extension with $327.62 monthly payments. The first payment is due August 5, 2020 and the final payment due March 5, 2022. Enclosed is an updated term sheet for your records.

If proof of payment is no received within 15 days of the due date, you may be referred to Consumer Services for investigation. Your failure to comply with the final order may result in additional disciplinary action.

The mission of the Department of Health is to protect, promote, & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please contact me at (850) 245-4268, Option 3.

Sincerely,

Sondra N. Allen

Sondra N. Allen
Operations Analyst II

Enclosure

Department of Health
Compliance Management Team
4052 Bald Cypress Way, Bin C76
Tallahassee, FL 323399
(850) 245-4268

MAIN TERMS OF THE FINAL ORDER

This summary is provided as a courtesy. It is your responsibility to read and understand the Final Order to ensure compliance with all terms described therein. Please reference the case number listed on all correspondence forwarded to this office pertaining to this case.

CASE INFORMATION	
Case Number:	**201805060**
Respondent Name:	**Darren Allan Kurtzer, DR.**
Final Order Date:	**3/6/2019**
Today's Date:	**7/29/2020**

Licensee:	Darren Allan Kurtzer, DR.	**Profession:**	3002 : Audiologist
Mailing Address:	745 Sw 148th Ave Apt 807 Davie, FL 33325	**File Nbr:**	1840
		License Nbr:	1752
		License Status:	Delinquent/Active

Attorney:	None on Record
Monitor:	None on Record
Supervisor:	None on Record
Appeal:	N

Discipline Imposed:	Start Date	End Date	Comments
Probation	03/06/2019		Not practicing, DENIED RENEWAL 10/18, 2018.....The license of Respondent is on PROBATION for three (3) years from the filing date of this order. Throughout the probationary period, Respondent shall practice under the indirect supervision of a licensed audiologist ("monitor") located within 50 miles of Respondent's practice location. The probation shall not be terminated until the Respondent has complied with all terms of probation.
Reprimand			The license to practice audiology in the State of Florida of DARREN ALLEN KURTZER is REPRIMANDED effective the filing date of this Final Order.

Department of Health
Compliance Management Team
4052 Bald Cypress Way, Bin C76
Tallahassee, FL 323399
(850) 245-4268

Compliance Record:	Due Date	Cmpl Date	Amt Imposed	Amt Paid
Respondent Report	06/05/2019	07/12/2019		
Monitor Reports	06/05/2019	07/12/2019		
Respondent Report	09/05/2019	08/30/2019		
Monitor Reports	09/05/2019	08/30/2019		
Respondent Report	12/05/2019	01/10/2020		
Monitor Reports	12/05/2019	01/10/2020		
Respondent Report	06/05/2020	06/01/2020		
Respondent Report	03/05/2020	06/02/2020		
Respondent Report	09/05/2020			
Respondent Report	12/05/2020			
Respondent Report	03/05/2021			
Respondent Report	06/05/2021			
Respondent Report	09/05/2021			
Respondent Report	12/05/2021			
Respondent Report	03/05/2022			
Fine	03/05/2022		5,000.00	0.00
Costs	03/05/2022		1,552.46	0.00
Indirect Supervision				
Monitor Reports				
Monitor				
Last Appearance				
Subsequent Order				
Motions Filed with CRU				
Monthly Payment	08/05/2020			
Monthly Payment	09/05/2020			
Monthly Payment	10/05/2020			
Monthly Payment	11/05/2020			
Monthly Payment	12/05/2020			
Monthly Payment	01/05/2021			
Monthly Payment	02/05/2021			
Monthly Payment	03/05/2021			
Monthly Payment	04/05/2021			
Monthly Payment	05/05/2021			
Monthly Payment	06/05/2021			
Monthly Payment	07/05/2021			
Monthly Payment	08/05/2021			
Monthly Payment	09/05/2021			
Monthly Payment	10/05/2021			
Monthly Payment	11/05/2021			
Monthly Payment	12/05/2021			
Monthly Payment	01/05/2022			
Monthly Payment	02/05/2022			
Monthly Payment	03/05/2022			
Payment Plan				

Department of Health
Compliance Management Team
4052 Bald Cypress Way, Bin C76
Tallahassee, FL 323399
(850) 245-4268

Mailing Address: Division of Medical Quality Assurance Consumer Services Unit - Compliance Management 4052 Bald Cypress Way, Bin C-76 Tallahassee, Florida 32399-3258 **(850) 245-4268 Option: 3** Fax: (850) 488-0796 Email: MQA_AlliedHealthComplianceOfficer @ doh.state.fl.us	**Please make all payments to: DEPARTMENT OF HEALTH** **Payment Address:** Department of Health/HMQACS Compliance Management Unit Bin C76 Post Office Box 6320 Tallahassee, Florida 32314-6320

STATE OF FLORIDA

DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

Office: Consumer Services Unit	Date of Complaint: 5/1/2020	Case Number: 2020-13426

Subject: DARREN ALLAN KURTZER 745 SW 148th AVENUE DAVIE, FL 33325 727-612-5385	Source: DEPARTMENT OF HEALTH/COMPLIANCE MANAGEMENT UNIT
Profession: Audiologist	License Number and Status: 1752/Delinquent, Active
Related Case(s): 2018-05060	Period of Investigation and Type of Report: 5/5/2020-5/5/2020-FINAL

Alleged Violation: §§ 456.072(1)(f)(k)(dd), 468.1295(1)(g)(bb), F.S.

Synopsis: This investigation is predicated upon the receipt of an internally generated complaint from the Compliance Management Unit indicating **KURTZER** is in violation of a Final Order for failing to pay $5,000 in fines and $1,552.26 in administrative costs that was due by 3/5/2020. **KURTZER** submitted a request for a reconsideration of the final order which was denied by the board on 4/24/2020.

☒ Yes ☐ No Subject Notification Completed?
☐ Yes ☒ No Subject responded?
☐ Yes ☒ No Patient Notification Completed?
☒ Yes ☐ No Above referenced licensure checked in database/LEIDS?
☐ Yes ☒ No Board certified? Name of Board: Date:
Specialty:

Law Enforcement
☐ Notified Date:
☐ Involved Agency:

☐ Yes ☐ No Subject represented by an attorney?
Attorney information:

Investigator/Date: Renada Conley 5/5/2020 Renada Conley, Investigation Specialist II	Approved By/Date: 05/05/2020 Shonda Watson Rachel Beam, Senior Management Analyst II

Distribution: CSU/PSU

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** Exhibits contain information which identifies patient(s) by name and are sealed pursuant to section 456.057(9)(a) Florida Statute.

***This exhibit contains confidential records concerning reports of abuse, neglect or exploitation of the vulnerable adult, including reports made to the central abuse hotline, and is sealed pursuant to section 415.107(1), Florida Statutes

INVESTIGATIVE DETAILS

STATEMENT OF DEPARTMENT OF HEALTH/COMPLIANCE MANAGEMENT UNIT –

Received information indicating **KURTZER** is in violation of a Final Order for failing to pay $5,000 in fines and $1,552.26 in administrative costs that was due by 3/5/2020. **KURTZER** submitted a request for a reconsideration of the final order which was denied by the board on 4/24/2020.

STATEMENT OF DARREN ALLAN KURTZER –

If a response is received by Investigator Conley, it will be forwarded to the Prosecution Services Unit.

CASE SUMMARY

CONFIDENTIAL

Case No: 202013426
Please use this number in all correspondence with the Department concerning this matter.

RESPONDENT INFORMATION

License: 1752 Profession: 3002 Audiologist
Name: DR. DARREN ALLAN KURTZER
Address: 745 SW 148TH AVE
APT 807
DAVIE, FL 33325
Home Phone: 727-612-5385

SOURCE OF INFORMATION

Name: Department Of Health/Compliance Management Unit
Address:

Home Phone:

REPORTED INFORMATION

Receive Date: 05/01/2020 Source Code: 5 Form Code: 2
Responsible Party: ha205 Status Code: 10
Classification Code: Incident Date: 04/24/2020

Patient Name:

Possible Code(s): 15, 16, 18

Summary:
Possible Violation of S.S. 456.072(1)(k)(q)(dd) 468.1295(1)(g)(bb), F.S. Failing to perform legal/ statutory obligation; violating a Final Order of the Board; violating statute/rule--Received internally generated complaint from Compliance Management Unit indicating Subject is in violation of a Final Order for failing to pay $5,000 in fines and $1,552.26 in administrative costs that was due by 3/5/2020. Subject submitted a request for a reconsideration of the final order which was denied by the board on 4/24/2020. Analyzed by: Renada Conley, HA205

DOH-Form200

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

DEPARTMENT OF HEALTH
UNIFORM REFERRAL FORM

Compliance Management Unit
4052 Bald Cypress Way, Bin C-76
Tallahassee, Florida 32399

SUBJECT OF REFERRAL

Name: Dr. Darren Allan Kurtzer, Au.D
745 SW 148th Avenue, Apt. 807
Davie, FL 33325

LICENSE #: AY 1752

ATTORNEY: n/a

CASE NO(S): 201805060
DATE FILED: 03/06/2019

FULL DETAILS OF REFERRAL:

Pursuant to the above-cited Final Order, Respondent shall remit payment of $5,000 fine, $1,552.26 administrative costs and submit respondent report by March 5, 2020. Respondent submitted a request for a reconsideration of the final order, which the Board DENIED at the April 24, 2020 meeting

Please initiate a complaint based upon the above information.

April 30, 2020
Date

Sondra Nelson Allen
Operations Analyst II

Attachments:
Referral Memo
Final Orders
Information Packet
4/30/2020 Reconsideration Order
LEIDS Case Summary

Final Order No. DOH-19-0411-FOL-MQA
FILED DATE MAR 06 2019
Department of Health
By: Amy R. Carraway
Deputy Agency Clerk

STATE OF FLORIDA
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case No.: 2018-05060
License No.: AY 1752

DARREN ALLEN KURTZER, Au.D.,

Respondent.

_____/

FINAL ORDER

THIS MATTER appeared before the **BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY** ("Board") pursuant to Sections 120.569 and 120.57(2), Florida Statutes, at a duly-noticed public meeting on February 1, 2019, in Orlando, Florida, for consideration of the Administrative Complaint, attached hereto and incorporated by reference as Exhibit A. Petitioner was represented by Rose Garrison, Assistant General Counsel, Florida Department of Health. Respondent was present and was not represented by counsel.

Pursuant to the Administrative Complaint, it was alleged that Respondent violated specific sections of Chapter 468 and Chapter 456, Florida Statutes. Service of the Administrative Complaint was made via certified U.S. mail to the Respondent. Respondent, on the filed Election of Rights form in response to the Administrative Complaint, checked there were not any disputed allegations of material fact. Petitioner filed a Motion For Final Order by Hearing Not Involving Disputed Issues of Material Facts, attached hereto and incorporated herein as Exhibit B.

The facts are not in dispute. After a complete review of the record in this matter, including consideration of the Administrative Complaint, the Board makes the following findings and conclusions:

FINDINGS OF FACT

1. The allegations of fact set forth in the Administrative Complaint are approved,

adopted, and incorporated herein by reference as the findings of fact by the Board.

2. There is competent, substantial evidence to support the Board's findings and conclusions.

3. The Board finds that Respondent timely responded to the Administrative Complaint, asserting that there are no allegations of material fact in dispute.

CONCLUSIONS OF LAW

4. Petitioner's Motion For Final Order By Hearing Not Involving Disputed Issues Of Material Fact is **granted**.

5. The conclusions of law alleged and set forth in the Administrative Complaint are approved and adopted and incorporated herein by reference as the conclusions of law of the Board.

6. The violations set forth in the Administrative Complaint warrants disciplinary action by the Board.

7. Based upon the Findings of Fact, the Board concludes that the licensee violated **Section 468.1295(1)(bb), Florida Statutes**, through a violation of **Section 456.072(1)(m), Florida Statutes,** by employing a trick or scheme in or related to the practice of a profession.

8. The Board is empowered by Section 456.072(2), Florida Statutes, to impose a penalty against Respondent.

THEREFORE, IT IS ORDERED AND ADJUDGED, that:

The license to practice audiology in the State of Florida of **DARREN ALLEN KURTZER** is **REPRIMANDED** effective the filing date of this Final Order.

9. The license of Respondent is on **PROBATION** for three (3) years from the filing date of this order. Throughout the probationary period, Respondent shall practice under the indirect supervision of a licensed audiologist ("monitor") located within 50 miles of Respondent's practice location. Respondent and monitor shall complete written quarterly reports of

Respondent's patient billing records. The quarterly reports shall include a statement of licensee's compliance with the terms of probation and details regarding any problems which may have arisen. Monitor shall report to the Board any violations by the licensee of Chapter 456, F.S., and Part I of Chapter 468, F.S., and the rules promulgated pursuant thereto.

10. The probation shall not be terminated until the Respondent has complied with all terms of probation. Respondent's failure to comply with the terms of this Probation Order without the prior written consent of the Board shall be a violation of this probation. The failure to comply with the terms of probation set forth above shall result in a subsequent Uniform Complaint Form being filed by the Board with the Department of Health against the Respondent's license, which may result in additional administrative fines, probationary periods and/ or suspensions being imposed against the Respondent's license.

11. Prior to the termination of probation, Respondent is required to appear before the Board for clearance.

12. Respondent shall pay an administrative **fine** in the amount of **$5,000.00** to the Board within one (1) year from the date the Final Order is filed. Said fine shall be paid by money order or cashier's check to the Board of Speech-Language Pathology and Audiology and mailed to: DOH-Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Speech-Language Pathology and Audiology Compliance Officer.

RULING ON MOTION TO ASSESS COSTS

The Board reviewed Petitioner's Motion to Assess Costs, grants the Motion, and imposes **costs** associated with the investigation and prosecution of this case in the amount of **$1,552.46.** Payment is due **within one (1) year** of the date of filing of this Final Order. Payment shall be made by cashier's check or money order payable to the Board of Speech-Language Pathology and Audiology and mailed to: DOH-Compliance Management Unit, Bin C-76, P.O. Box 6320, Tallahassee, Florida 32314-6320, Attention: Speech-Language Pathology and Audiology

Compliance Officer.

This Final Order shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 5th day of March, 2019.

BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Kama Monroe, Executive Director
on behalf of
Peter Johnson, PhD., CHAIR

NOTICE OF RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW PURSUANT TO SECTION 120.68, FLORIDA STATUTES. REVIEW PROCEEDINGS ARE GOVERNED BY THE FLORIDA RULES OF APPELLATE PROCEDURE. SUCH PROCEEDINGS ARE COMMENCED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF THE DEPARTMENT OF HEALTH AND A SECOND COPY, ACCOMPANIED BY FILING FEES PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL, FIRST DISTRICT, OR WITH THE DISTRICT COURT OF APPEAL IN THE FLORIDA APPELLATE DISTRICT WHERE THE PARTY RESIDES. THE NOTICE OF APPEAL MUST BE FILED WITHIN THIRTY (30) DAYS OF THE FILING DATE OF THE ORDER TO BE REVIEWED.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been provided by **US Mail** to: **Darren Allen Kurtzer,** 4111 Lorene Drive, Unit 204, Estero, FL 33928; and by electronic delivery to: **Rachelle Munson**, Assistant Attorney General, Office of the Attorney General, at Rachelle.munson@myfloridalegal.com, and **Rose Garrison**, Assistant General Counsel, Department of Health, at Rose.Garrison@flhealth.gov, this 6th day of March, 2019.

Amy L. Carraway

Deputy Agency Clerk

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Vision: To be the **Healthiest State** in the Nation

INTEROFFICE MEMORANDUM

DATE: Tuesday, March 05, 2019

TO: Mark Whitten
HCPR Bureau Chief

FROM: Kama Monroe, J.D., Executive Director
Boards of Acupuncture, Massage Therapy, Osteopathic Medicine, Speech- Language Pathology & Audiology and the Council of Licensed Midwifery

SUBJECT: Delegation of Authority

This is to advise that while I am out of the office Tuesday, March 5, 2019, Carol Taylor has delegated authority to serve as Acting Executive Director for the Boards of Acupuncture, Massage Therapy, Osteopathic Medicine, Speech-Language Pathology & Audiology and the Council of Licensed Midwifery. Ms. Taylor can be reached at 850.245.4588.

KM/lcb

Florida Department of Health
Division of Medical Quality Assurance/Board of Osteopathic Medicine
4052 Bald Cypress Way, Bin C-06• Tallahassee, FL 32399
PHONE: 850/245-4161 • FAX: 850/921-6184
FloridaHealth.gov

STATE OF FLORIDA
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

DEPARTMENT OF HEALTH,

PETITIONER,

v. **CASE NO. 2018-05060**

DARREN ALLEN KURTZER, Au.D.,

RESPONDENT.

_____/

ADMINISTRATIVE COMPLAINT

Petitioner, Department of Health, by and through its undersigned counsel, files this Administrative Complaint before the Board of Speech-Language Pathology and Audiology against Respondent, Darren Allen Kurtzer, Au.D. In support, Petitioner alleges:

1. Petitioner is the state department charged with regulating the practice of audiology pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 468, Florida Statutes.

2. At all times material to this complaint, Respondent was licensed to practice audiology in the State of Florida, having been issued license number AY 1752.

3. Respondent's address of record is 500 Belcher Road South, Apartment 22, Largo, Florida 33771.

4. At all times relevant hereto, Respondent was employed as an audiologist at American Institute of Balance (AIB) in New Port Richey, Florida.

5. In order to facilitate the delivery of hearing aids to patients, Respondent ordered the hearing aids from supplier ReSound, and the cost was to be billed back to AIB.

6. At all times relevant hereto, Respondent owned a Square brand credit card reader which attached to a cellular phone. The funds collected through this credit card reader were deposited into Respondent's personal account.

Facts Specific to Patient A.W.

7. On or about July 28, 2017, Patient A.W., an 87-year-old female, visited Respondent at AIB to be fitted for hearing aids.

8. On or about July 28, 2017, Respondent collected approximately $1,500.00 as payment for Patient A.W.'s hearing aids using Respondent's personal credit card reader.

9. Supplier ReSound billed AIB $617.99 for Patient A.W.'s hearing aids.

10. Respondent did not reimburse the approximately $1,500.00 to AIB that Respondent collected for Patient A.W.'s hearing aids.

Facts Specific to Patient S.P.

11. On or about August 9, 2017, Patient S.P., an 89-year-old female, visited Respondent at AIB to be fitted for hearing aids.

12. On or about August 11, 2017, Respondent collected $880.00 as a partial payment for Patient S.P.'s hearing aids using Respondent's personal credit card reader.

13. On or about August 14, 2017, Respondent collected $820.00 as a partial payment for Patient S.P.'s hearing aids using Respondent's personal credit card reader.

14. Supplier ReSound billed AIB $813.95 for Patient S.P.'s hearing aids.

15. Respondent did not reimburse AIB the $1,700.00 that Respondent collected as payment Patient S.P.'s hearing aids.

Facts Specific to Patient D.B.

16. On or about August 1, 2017, Patient D.B., a 65-year-old male, visited Respondent at AIB to be fitted for hearing aids. On this date, Respondent collected $664.00 as a partial payment for Patient D.B's hearing aids using AIB's credit card reader.

17. On or about August 4, 2017, Respondent collected $1,050.00 as a partial payment for Patient D.B.'s hearing aids using Respondent's personal credit card reader.

18. On or about August 8, 2017, Respondent collected $1,470.00 as a partial payment for Patient D.B.'s hearing aids using Respondent's personal credit card reader.

19. Supplier ReSound billed AIB $1,417.95 for Patient D.B.'s hearing aids.

20. Respondent did not reimburse AIB the $2,520.00 that Respondent collected as partial payments for Patient D.B.'s hearing aids.

Facts Specific to Patient B.J.

21. On or about August 3, 2017, Patient B.J., a 71-year-old male, visited Respondent at AIB to be fitted for hearing aids. On this date,

Respondent collected $1,700.00 as a partial payment for Patient A.W.'s hearing aids using AIB's credit card reader.

22. On or about August 11, 2017, Respondent collected $760.00 as a partial payment for Patient B.J.'s hearing aids using his personal credit card reader.

23. Supplier ReSound billed AIB $1,417.95 for Patient B.J.'s hearing aids.

24. Respondent did not reimburse AIB the $760.00 that Respondent collected as a partial payment for Patient B.J.'s hearing aids.

Facts Specific to Patient F.M.

25. On or about October 13, 2017, Patient F.M., an 88-year-old female, visited Respondent at AIB to be fitted for hearing aids.

26. On or about October 20, 2017, Respondent collected $800.00 as a partial payment for Patient F.M.'s hearing aids using Respondent's personal credit card reader.

27. On or about October 26, 2017, Respondent collected $800.00 as a partial payment for Patient F.M.'s hearing aids using Respondent's personal credit card reader.

28. On or about November 15, 2017, Respondent collected $800.00 as a partial payment for Patient F.M.'s hearing aids using Respondent's personal credit card reader.

29. Supplier ReSound billed AIB $798.00 for Patient F.M.'s hearing aids.

30. Respondent did not reimburse AIB the $2,400.00 that Respondent collected as payment for Patient F.M.'s hearing aids.

31. Section 468.1295(1)(bb), Florida Statutes (2017), provides that violating any provision of this chapter or Chapter 456 constitutes grounds for discipline against a licensee.

32. Section 456.072(1)(a), Florida Statutes (2017), provides that making deceptive, untrue, or fraudulent misrepresentations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession, constitutes grounds for discipline against a licensee.

33. Respondent employed a trick or scheme in or related to the practice of his profession when he collected part or all of the cost of one or more patients' hearing aids into his personal merchant account.

34. Based upon the foregoing, Respondent violated Section 468.1295(1)(bb), Florida Statutes (2017), through a violation of Section 456.072(1)(a), Florida Statutes (2017) by employing a trick or scheme in or related to the practice of his profession.

WHEREFORE, the Petitioner respectfully requests that the Board of Speech-Language Pathology and Audiology enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

Signatures appear on next page

SIGNED this 24th **day of** July**, 2018.**

Celeste Philip, M.D., M.P.H.
Surgeon General & Secretary

Kimberly L. Marshall
Assistant General Counsel
Fla. Bar No. 123880
Florida Department of Health
Office of the General Counsel
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399-3265
Telephone: (850) 558-9810
Facsimile: (850) 245-4681
Email: kimberly.marshall@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: Angel Sanders
DATE: JUL 24 2018

PCP Date: July 24, 2018
PCP Members: Kristen Rutland; Barbara Gaunt-Jaehne

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

STATE OF FLORIDA
BOARD OF SPEECH-LANGUAGE PATHOLOGY
AND AUDIOLOGY

DEPARTMENT OF HEALTH,

Petitioner,

v. **CASE NO. 2018-05060**
DARREN ALLEN KURTZER, AU. D.,

Respondent,
_____/

MOTION FOR FINAL ORDER FOR HEARING NOT INVOLVING DISPUTED ISSUES OF MATERIAL FACTS

COMES NOW, the Petitioner, by and through its undersigned counsel, and moves the Board of Speech-Language Pathology and Audiology ("Board") for entry of a Final Order in the above-styled cause on a date and time that has been determined and noticed by the Board. As grounds, the Petitioner states the following:

1. Petitioner previously filed an Administrative Complaint against Respondent alleging that Respondent had violated the provisions of Florida Statutes, as set forth therein. The Department, by filing the Administrative Complaint, is seeking to discipline the Respondent's license to practice

EXHIBIT B

Audiology Therapy, thereby affecting the Respondent's substantial interests.

2. On or about July 25, 2018, Petitioner served Respondent with the Administrative Complaint via certified mail at 500 Belcher Road South, Apt 22, Largo, Florida 33771, Respondent's address of record with the Department of Health. The Department, by serving the Respondent with the Administrative Complaint, provided the Respondent written notice of its decision to seek discipline of the Respondent's license to practice Audiology Therapy.

3. The Respondent has filed an Election of Rights Form or other responsive pleading evincing, or has otherwise indicated, that Respondent does not dispute the material facts alleged in the Administrative Complaint.

4. There are no disputed issues of material fact to be resolved by the Board.

5. Respondent has been advised, by a copy of this Motion, that a copy of the investigative file in this case shall be furnished to the Board to establish a prima facie case regarding the violations as set forth in the Administrative Complaint.

WHEREFORE the parties respectfully request the Board, after allowing the Respondent the opportunity to present oral and/or written evidence in mitigation of the Administrative Complaint, enter a Final Order imposing whatever discipline upon the Respondent's license that the Board deems appropriate.

Respectfully submitted,

Kimberly Marshall, Esq.
Assistant General Counsel
Florida Bar No. 123880
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265
(850) 558-9810 Telephone
(850) 245-4684 fax

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the above and foregoing has been provided by U.S. mail this 8th day of October, 2018, to: Darren Allen Kutzer, Au. D., at 4111 Lorene Drive, Unit 204, Estero, Florida 33928.

Kimberly Marshall, Esq.
Assistant General Counsel

March 7, 2019

Darren Allan Kurtzer, Au.D
6492 Royal Woods Drive, Unit 5
Ft. Myers, FL 33908

Final Order Filed: March 6, 2019
Complaint Number: 201805060
License Number: 1752

Dear Mr. Kurtzer:

Your licensing Board has imposed specific obligations in the above-referenced Final Order. Attached are information sheets to assist you in complying with these requirements.

All terms must be completed on or before the specified due dates. Additional disciplinary action may be taken against your license if the requirements are not received by the due date.

Please reference the case number listed above on all correspondence forwarded to this office pertaining to this case. Your Compliance Officer may change during your monitoring because of staff changes and workload distribution.

If you wish to return to active practice after your obligations have been met, you must continue to timely renew your license. However, if your ***renewal has been denied,*** this does not pertain to you. If you have any questions about renewing your license, please contact the Communication Support Team at (850) 488-0595.

The mission of the Department of Health is to protect, promote, & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please contact me at (850) 245-4268.

Sincerely,

Sondra N. Allen

Sondra N. Allen
Operations Analyst II

Enclosure

COMPLIANCE MANAGEMENT UNIT
FINE/COSTS INVOICE

Respondent:	Darren Allan Kurtzer, Au.D		
Profession-License Number:	3002 Audiologist 1752	Entity#	8654181
File Number:	1840	Case Number:	201805060

Fine:	$ 5000.00	Due Date: March 5, 2020
Administrative Costs:	$ 1552.46	Due Date: March 5, 2020
TOTAL:	$ 6552.46	

To receive credit for your payment attach cashier's check or money order here and return to:
Please make checks payable to the Department of Health

Department of Health
Compliance Management Unit, BIN C-76
P.O. Box 6320
Tallahassee, Florida 32314-6320

Partial payment shall be accepted, however full payment must be made by the due date specified in the Final Order. Each payment must be accompanied by a copy of this invoice. Please make additional copies if needed.

IMPORTANT: Payment in full of all fines and costs imposed by your Final Order are due upon the due date specified by the Final Order. Failure to pay all fines and costs on or before the due date specified will result in the following:

- A referral will be filed with Consumer Services for investigation regarding non-compliance with your Final Order and possible further disciplinary action.

- Failure to pay in full within thirty (30) days of the due date specified by the Final Order will result in the account being deemed "past due". Payment of "past due" accounts will avoid assignment to a collection agency for collection; however it will not result in closing of the referral for non-compliance with your Final Order."

Department of Health
Compliance Management Team
4052 Bald Cypress Way, Bin C76
Tallahassee, FL 323399
(850) 245-4268

MAIN TERMS OF THE FINAL ORDER

This summary is provided as a courtesy. It is your responsibility to read and understand the Final Order to ensure compliance with all terms described therein. Please reference the case number listed on all correspondence forwarded to this office pertaining to this case.

CASE INFORMATION	
Case Number:	201805060
Respondent Name:	Darren Allan Kurtzer, DR.
Final Order Date:	3/6/2019
Today's Date:	3/7/2019

Licensee:	Darren Allan Kurtzer, DR.	**Profession:**	3002 : Audiologist
Mailing Address:	6492 Royal Woods Dr. Unit 5 Fort Myers, FL 33908	**File Nbr:**	1840
		License Nbr:	1752
		License Status:	Probation/Active

Attorney:	None on Record
Monitor:	None on Record
Supervisor:	None on Record
Appeal:	N

Discipline Imposed:	Start Date	End Date	Comments
Probation	03/06/2019		The license of Respondent is on PROBATION for three (3) years from the filing date of this order. Throughout the probationary period, Respondent shall practice under the indirect supervision of a licensed audiologist ("monitor") located within 50 miles of Respondent's practice location. The probation shall not be terminated until the Respondent has complied with all terms of probation.
Reprimand			The license to practice audiology in the State of Florida of DARREN ALLEN KURTZER is REPRIMANDED effective the filing date of this Final Order.

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Compliance Management Team
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Compliance Record:	Due Date	Cmpl Date	Amt Imposed	Amt Paid
Respondent Report	06/05/2019			
Monitor Reports	06/05/2019			
Respondent Report	09/05/2019			
Monitor Reports	09/05/2019			
Respondent Report	12/05/2019			
Monitor Reports	12/05/2019			
Respondent Report	03/05/2020			
Monitor Reports	03/05/2020			
Fine	03/05/2020		5,000.00	0.00
Costs	03/05/2020		1,552.46	0.00
Respondent Report	06/05/2020			
Monitor Reports	06/05/2020			
Respondent Report	09/05/2020			
Monitor Reports	09/05/2020			
Respondent Report	12/05/2020			
Monitor Reports	12/05/2020			
Respondent Report	03/05/2021			
Monitor Reports	03/05/2021			
Respondent Report	06/05/2021			
Monitor Reports	06/05/2021			
Respondent Report	09/05/2021			
Monitor Reports	09/05/2021			
Respondent Report	12/05/2021			
Monitor Reports	12/05/2021			
Respondent Report	03/05/2022			
Monitor Reports	03/05/2022			
Indirect Supervision				
Monitor				
Last Appearance				

Respondent Reports:	Quarterly reports to be submitted to Compliance Officer
Supervisor Reports:	Quarterly reports to be submitted to Compliance Officer

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Petitioning the Board	If an appearance is imposed as a term of your final order or if you have an issue to discuss with the Board, you must submit a written or typed petition to the compliance officer at least (30) thirty days prior to the Board meeting. Please review your Final Order for specific documentation required at the time of termination of probation this information must be included with your petition for termination of probation. Failure to provide any of the necessary documentation may result in your petition being delayed. The petition should include: ·• your name, ·• address and contact telephone, ·• license number, ·• case number, ·• reason for your appearance and ·• supporting documentation. ·• Letters of Recommendation (optional) The petition should be sent to your compliance officer.

Mailing Address: Division of Medical Quality Assurance Consumer Services Unit - Compliance Management 4052 Bald Cypress Way, Bin C-76 Tallahassee, Florida 32399-3258 **(850) 245-4268 Option:** Fax: (850) 488-0796 Email: MQA_AlliedHealthComplianceOfficer @ doh.state.fl.us	**Please make all payments to: DEPARTMENT OF HEALTH** **Payment Address:** Department of Health/HMQACS Compliance Management Unit Bin C76 Post Office Box 6320 Tallahassee, Florida 32314-6320

HAVE YOU BEEN *Disciplined* BY YOUR BOARD?

Soon you will be receiving a copy of the filed final order or board order for your case. Approximately two weeks after that, you should be receiving a packet of information from the Compliance Management Unit specifying the requirements of your discipline. If the final order requires pre-approval of a specific obligation or term you must obtain approval through the Compliance Management Unit beforehand. It is extremely important that you contact us before the due date specified in your compliance paperwork. If for some reason you do not receive this information after two weeks, please contact our office.

Most Common Causes For Going Out Of Compliance

- Not receiving final orders, citations, or terms sheets in a timely manner
- Failing to keep up with final order and citation requirements
- Not following the laws and rules or staying updated on the laws and rules requirements
- Failing to notify the compliance officer when unable to pay the costs and fine imposed by the final order prior to due date
- Failure to submit reports with required information, including employment status change in employer, and change of address
- Failing to comply with all terms of the final order, including due dates

Contact Us TODAY *to stay in compliance*

Division of Medical Quality Assurance
Consumer Services Unit - Compliance Management Unit
4052 Bald Cypress Way, Bin C-76
Tallahassee, Florida 32399-3276
Phone: (850) 245-4268
Fax: (850) 488-0796

EMAIL:
MDs, PAs, electrologists, AAs and pain clinics:
mqa.medicalcomplianceofficer@flhealth.gov

Nurses:
mqa.nursingcomplianceofficer@flhealth.gov

All other professions:
mqa.alliedhealthcomplianceofficer@flhealth.gov

March 7, 2019

Darren Allan Kurtzer, Au.D
4111 Lorene Drive, Unit 204
Estero, FL 33928

Final Order Filed: March 6, 2019
Complaint Number: 201805060
License Number: 1752

Dear Mr. Kurtzer:

Your licensing Board has imposed specific obligations in the above-referenced Final Order. Attached are information sheets to assist you in complying with these requirements.

All terms must be completed on or before the specified due dates. Additional disciplinary action may be taken against your license if the requirements are not received by the due date.

Please reference the case number listed above on all correspondence forwarded to this office pertaining to this case. Your Compliance Officer may change during your monitoring because of staff changes and workload distribution.

If you wish to return to active practice after your obligations have been met, you must continue to timely renew your license. However, if your ***renewal has been denied,*** this does not pertain to you. If you have any questions about renewing your license, please contact the Communication Support Team at (850) 488-0595.

The mission of the Department of Health is to protect, promote, & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please contact me at (850) 245-4268.

Sincerely,

Sondra N. Allen

Sondra N. Allen
Operations Analyst II

Enclosure

COMPLIANCE MANAGEMENT UNIT
FINE/COSTS INVOICE

Respondent:	Darren Allan Kurtzer, Au.D		
Profession-License Number:	3002 Audiologist 1752	Entity#	8654181
File Number:	1840	Case Number:	201805060

Fine:	$ 5000.00	Due Date: March 5, 2020
Administrative Costs:	$ 1552.46	Due Date: March 5, 2020
TOTAL:	$ 6552.46	

To receive credit for your payment attach cashier's check or money order here and return to:
Please make checks payable to the Department of Health

Department of Health
Compliance Management Unit, BIN C-76
P.O. Box 6320
Tallahassee, Florida 32314-6320

Partial payment shall be accepted, <u>however</u> full payment must be made by the due date specified in the Final Order. Each payment must be accompanied by a copy of this invoice. Please make additional copies if needed.

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Respondent Name:	**Darren Allan Kurtzer, DR.**
Final Order Date:	**3/6/2019**
Today's Date:	**3/7/2019**

Licensee:	Darren Allan Kurtzer, DR.	**Profession:**	3002 : Audiologist
Mailing Address:	6492 Royal Woods Dr. Unit 5 Fort Myers, FL 33908	**File Nbr:**	1840
		License Nbr:	1752
		License Status:	Probation/Active

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Monitor:	None on Record
Supervisor:	None on Record
Appeal:	N

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Contact Us TODAY *to stay in compliance*

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Consumer Services Unit - Compliance Management Unit
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Phone: (850) 245-4268
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EMAIL:
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mqa.medicalcomplianceofficer@flhealth.gov

Nurses:
mqa.nursingcomplianceofficer@flhealth.gov

All other professions:
mqa.alliedhealthcomplianceofficer@flhealth.gov

3002

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: Bridget Coates
DATE: APR 30 2020

STATE OF FLORIDA
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

DEPARTMENT OF HEALTH,

Petitioner,

vs.

Case No.: 2018-05060
License No.: AY 1752

DARREN ALLEN KURTZER, AU.D.,

Respondent.
_____/

ORDER
AFTER RECONSIDERATION

This matter came before the Board of Speech-Language Pathology and Audiology (hereinafter "Board") at a duly-noticed public meeting on April 24, 2020, via telephone conference call, upon Respondent's request for Reconsideration. Respondent DARREN ALLEN KURTZER was present before the Board and was not represented.

Respondent requests reconsideration of a final order because the denial of the renewal of his license by the Florida Department of Health renders him unable to complete the terms of his probation ordered by the Board. Therefore, Respondent requests that the Board terminate the ordered probation and waive associated fees and fines due to his inability to pay.

A Final Order REPRIMANDING Respondent, which included probation, fees, and fines, was filed on March 5, 2019. The Administrative Complaint upon which the Final Order is based alleges crimes related to the practice of audiology, and violations based upon Respondent's actions which led to the criminal charges. The violations prohibit

the Department of Health from renewing Respondent's license until certain statutory requirements are satisfied. Without his license, Respondent is unable to complete his probation ordered by the Board.

In addition, Respondent previously filed an Election of Rights which stated no material facts were in dispute.

The Board found that the terms of Respondent's probation have not been completed and, therefore, Respondent's request for reconsideration is DENIED and the terms of the final order filed on March 5, 2019, remain in effect, including probation, fees, and fines.

DONE AND ORDERED this 29 day of April, 2020.

BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Kama Monroe
Executive Director
on behalf of
Peter Johnson, PhD., Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by US mail to: **DARREN ALLEN KURTZER,** 745 SW 148th Avenue, Apt. 807, Davie, FL 33325; and by email to: Ronald Jones, Assistant Attorney General, ronald.jones@myfloridalegal.com this 30 day of April, 2020.

Bridget Coates
Deputy Agency Clerk

MQA Reports
CMU Board Summary/Case File 201805060 Report
April 30, 2020

Current Issue:

Case Referral

Out of Compliance

Profession: 3002 : Audiologist

Licensee: Darren Allan Kurtzer, DR.

License Nbr: 1752 **File Nbr:** 1840

License Status: Delinquent/Active

Mailing Address: 745 Sw 148th Ave
Apt 807
Davie, FL 33325

Primary Location: 745 Sw 148th Ave
#807
Davie, FL 33325

Phone: 727-612-5385

Email: kurtz44@icloud.com

Attorney: None on Record

Monitor: None on Record

Supervisor: None on Record

Respondent: Darren Allan Kurtzer, DR. **Appeal:** N

Address: 500 Belcher Rd. S
Apt 22
Largo, FL 33771

File Date: 3/6/2019 **Info Package Mailed Date:** 3/7/2019

Disposition: Probation

Violation: Violate Statut/rule of Board; Make/sign/file false report; Deceptive/fraudulent represent; Influence for financial gain; Fraud in collection of fees

Summary: Possible violation of SS. 456.072(1)(a)(b)(k)(m)(n)(dd) and 468.1295(1)(m)(v)(bb) F.S.
Failing to perform statutory obligation, Violating any provision, practice below the acceptable level of care, misrepresenting the professional services, influence for financial gain, making deceptive/fraudulent representations….

The American Institute of Balance reports on 02.14.2018 the subject was terminated based on allegations of fraud and influence for financial gain from June 2017 until December 2017. It is alleged the subject perpetrated this fraud on five (5) elderly patients by providing falsified documentation of their purchases, incomplete and inaccurate information on their purchases of hearing aids, and directed monies paid to his own personal accounts. In at least two instances he may not have advised patients they were entitled to hearing aid coverage through their Medicare Advantage insurance plans, and in one instance he did not refund a patient their money following return of the hearing aids.
Analyzed by Melodie Moore HA173

Discipline Imposed:	Start Date	End Date	Comments
Probation	03/06/2019		Not practicing, DENIED RENEWAL 10/18, 2018.....The license of Respondent is on PROBATION for three (3) years from the filing date of this order. Throughout the probationary period, Respondent shall practice under the indirect supervision of a licensed audiologist ("monitor") located within 50 miles of Respondent's practice location. The probation shall not be terminated until the Respondent has complied with all terms of probation.
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	Monitor Reports	09/05/2019	08/30/2019		
	Respondent Report	12/05/2019	01/10/2020		
	Monitor Reports	12/05/2019	01/10/2020		
NO	**Respondent Report**	**03/05/2020**			
NO	**Fine**	**03/05/2020**		**5,000.00**	**0.00**
NO	**Costs**	**03/05/2020**		**1,552.46**	**0.00**
	Respondent Report	06/05/2020			
	Respondent Report	09/05/2020			
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	Respondent Report	03/05/2021			
	Respondent Report	06/05/2021			
	Respondent Report	09/05/2021			
	Respondent Report	12/05/2021			
	Respondent Report	03/05/2022			
NO	**Indirect Supervision**				
NO	**Monitor Reports**				
NO	**Monitor**				
NO	**Last Appearance**				
NO	**Subsequent Order**				

Activities:	Activity Date	Actv Code	Activity Description
	09/25/2018	975	Referred to Support Staff
	03/07/2019	901	Info pack mailed
	03/20/2019	931	Respondent Contacted CO
	03/27/2019	931	Respondent Contacted CO
	05/06/2019	931	Respondent Contacted CO
	05/06/2019	906	Warning Letter
	05/06/2019	931	Respondent Contacted CO
	06/04/2019	915	Mail Received in CMU
	06/04/2019	931	Respondent Contacted CO
	06/04/2019	923	Mail Processed/Reviewed
	06/06/2019	932	CO Contacted Respondent
	07/12/2019	926	Submitted to the Chair
	08/12/2019	961	CO Contacted Board
	08/13/2019	917	Approved by the Chair
	08/21/2019	906	Warning Letter
	08/29/2019	931	Respondent Contacted CO
	08/30/2019	915	Mail Received in CMU
	08/30/2019	923	Mail Processed/Reviewed
	09/12/2019	931	Respondent Contacted CO
	09/12/2019	926	Submitted to the Chair
	09/12/2019	917	Approved by the Chair
	12/06/2019	915	Mail Received in CMU
	12/06/2019	923	Mail Processed/Reviewed
	12/13/2019	926	Submitted to the Chair
	01/10/2020	917	Approved by the Chair
	01/13/2020	906	Warning Letter
	03/03/2020	931	Respondent Contacted CO
	03/03/2020	931	Respondent Contacted CO
	03/05/2020	915	Mail Received in CMU
	03/29/2020	962	Board Contacted CO
	03/31/2020	967	Audited by CO
	03/31/2020	976	Board Summary Submitted
	03/31/2020	995	Agenda Item for Full Board
	04/30/2020	924	Collection Letter Sent
	04/30/2020	955	Referral to CSU

Contact History:	Contact Date	Letter Code	Letter Description
	03/07/2019	NN157	CMU WELCOME LETTER
	03/07/2019	NN179	INVOICE
	08/21/2019	NN146	PROBATION REPORTS CREDIT
	09/12/2019	NN175	CMU RECEIVED LETTER
	01/13/2020	NN141	CMU - WARNING LETTER PAYMENT
	01/13/2020	NN175	CMU RECEIVED LETTER
	04/30/2020	NN174	CMU COLLECTIONS LETTER
	04/30/2020	NN180	POST MEETING FOLLOW UP
	04/30/2020	NN91	REFFERAL LETTER

Attachments:

1. Compliance Tracking File
2. Correspondence from Respondent
3. Final Order for Case

May 5, 2020

CONFIDENTIAL
Dr. Darren Allan Kurtzer
745 Sw 148th Ave
Apt 807
Davie, FL 33325

Complaint #: 202013426

Dear Dr. Kurtzer:

The Consumer Services Unit received the enclosed complaint. We have determined you may have violated the practice act regulating your profession. Therefore, we have opened an investigation. Please submit a written response within 20 days of receipt of this letter. Please include the complaint number 202013426 on any correspondence you provide to our office.

You may make a written request for a copy of the investigative file. This complaint and all investigative information will remain confidential until 10 days after the probable cause panel has determined a violation has occurred or you give up the right to confidentiality.

Please contact me at the number or address below with any information regarding your case.

Sincerely,

Renada Conley
Investigation Specialist II

Enclosure
DOH-Form300

STATE OF FLORIDA
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

DEPARTMENT OF HEALTH,
PETITIONER,

VS. CASE NO: 2020-13426

DARREN ALLAN KURTZER, A.Y.
RESPONDENT.

NOTICE OF HEARING

TO: Darren Allan Kurtzer
745 SW 148th Aveune, Apt. 807
Davie, Florida 33325

PLEASE TAKE NOTICE that a disciplinary hearing will be heard before the Board of Speech-Language Pathology and Audiology on Friday, October 23, 2020, commencing at 9:00 a.m. You are not **REQUIRED** to be present at this meeting. This hearing will take place by video conference https://global.gotomeeting.com/join/381000533 or you may call-in to attend the meeting. The conference number is **1-866-899-4679** and the access code is **381-000-533**

The purpose of the hearing is to consider a motion for: Voluntary Relinquishment

Note: Cases shown on the agenda may be heard in a different order. Cases are scheduled beginning at 9:00 a.m.; therefore, it is imperative that you arrive promptly and be prepared to be at the meeting until your case is heard. If you have any questions regarding this matter, please contact Christina Shideler at (850) 245-4444 or by e-mail at Christina.Shideler@flhealth.gov

A copy of the agenda may be obtained a week prior to the meeting by visiting our website at https://floridasspeechaudiology.gov/meeting-information/

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the above and foregoing Notice of Hearing has been forwarded by U.S. Mail to the above address this 17th day of September 2020.

Christa Peace

Christa Peace
Regulatory Specialist III
Board of Speech-Language Pathology & Audiology

DOH PROSECUTOR'S REPORT

BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Meeting Date: October 23, 2020

TO: Kama Monroe, Executive Director

FROM: Christina Arzillo Shideler, Assistant General Counsel

DATE: September 25, 2020

RE: Current Open / Pending SLP cases

Case Inventory:

Total Cases open/active in PSU:	6
Cases in Emergency Action Unit:	0
Cases under legal review:	1
Cases with probable cause recommendation:	3
Total Cases where PC has been found:	0
Cases in holding status:	0
Cases with requests for DOAH hearing:	0
Cases in intake status:	0
Cases agendaed for Board:	2
Cases on Appeal:	0
Total # of Cases Older Than One Year:	**2**

From: peter johnson
To: Peace, Christa
Subject: RE: Peace, Christa shared "Marilyn Ramos" with you.
Date: Tuesday, October 6, 2020 4:57:30 PM

---

yes thank you

From: "Peace, Christa"
To: "peter johnson"
Cc:
Sent: Tuesday October 6 2020 2:17:31PM
Subject: RE: Peace, Christa shared "Marilyn Ramos" with you.

Do you want her to attend the October meeting? I will ask her submit any additional hours if she have any.

Christa Peace, Regulatory Specialist III

From: peter johnson <PJOHNSON68@tampabay.rr.com>
Sent: Tuesday, October 6, 2020 11:22 AM
To: Peace, Christa <Christa.Peace@flhealth.gov>
Subject: RE: Peace, Christa shared "Marilyn Ramos" with you.

can not accept . App does not appear # speech courses

From: "Peace, Christa"
To: "PJOHNSON68@tampabay.rr.com"
Cc:
Sent: Tuesday October 6 2020 9:37:39AM
Subject: Peace, Christa shared "Marilyn Ramos" with you.

It is unclear if applicant met the education requirements for a speech-language assistant certification in Florida. Applicant provided a copy of their credential evaluation.

This link only works for the direct recipients of this message.

Marilyn Ramos

Open

Sender will be notified when you open this link for the first time.

Microsoft respects your privacy. To learn more, please read our Privacy Statement.
Microsoft Corporation, One Microsoft Way, Redmond, WA 98052

FLORIDA | BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY

APPLICATION SUMMARY

RAMOS, MARILYN

Profession Code – 3003 - File Number: 5623

Speech-Language Pathologist

Application Completion Date: 9/29/2020

Education History:

Applicant submitted translated education documents. Board staff are unable to determine college credits.

Supplemental Documents

Application

Translated Education Documents

General Correspondence

Summary Prepared By: Dontae Moore on 10/012020

CONFIDENTIAL AND EXEMPT MATERIALS

One or more pages have been removed from this document for security reasons

Scroll down to see the available pages or advance to the next document if all pages have been removed.

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

CONFIDENTIAL AND EXEMPT MATERIALS

One or more pages have been removed from this document for security reasons

Scroll down to see the available pages or advance to the next document if all pages have been removed.

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Mission:
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Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

May 12, 2020

Marilyn M R Ramos
8965 Okeechobee Blvd
Apt 102
West Palm Beach, FL 33411

File: 5623

Dear Ms. Ramos:

This is to acknowledge the receipt of your application for licensure as an Assistant by the Board of Speech-Language Pathology and Audiology. Your application is incomplete. The following item(s) must be received in order to complete your application:

> An official transcript reflecting a bachelor degree awarded and twenty-four (24) semester hours, nine (9) hours normal development of speech, language and hearing and fifteen (15) hours of communication disorders in speech, language and hearing. The transcript must be sent directly from the university. Have the university mail the transcript to the Board to the address above.

Please mail all documentation to the Florida Board of Speech-Language Pathology & Audiology, 4052 Bald Cypress Way, Bin C06, Tallahassee, FL 32399-3256. If you are required to send any money please send it to P.O. Box 6330, Tallahassee, FL 32314-6330. Please include your file number on all correspondence.

You can now follow the progress of your application if you have registered on the website at: http://ww2.doh.state.fl.us/mqaservices/login.asp. If we require further documentation or information to process your application, this will also be viewable.

Please be advised pursuant to Section 456.013(1)(a), Florida Statutes all incomplete applications will expire one year after the initial filing of the application with the Department. Your application was received on **05/07/2020** and will expire one year from this date if not completed.

If you have any questions regarding this information you may contact our office at (850) 488-0595 or by email at info@floridasspeechaudiology.gov

Florida Department of Health
Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256
PHONE: (850)245-4444 • FAX : (850) 850-921-6184

Sincerely,

Dontae Moore
Regulatory Specialist
Board of Speech-Language Pathology & Audiology

From: SharePoint Online
To: Peace, Christa
Subject: The link to "Marilyn Ramos" was successfully used
Date: Tuesday, October 6, 2020 11:10:11 AM
Attachments: fbe4726a-4488-4968-9f46-a5d54ff872ee
ba3dd679-20a5-45c7-a078-65c094370842
2873279e-1ae8-4b65-bc9a-f0f4e7ff89f7

The link you sent to "Marilyn Ramos" was clicked!

If this is unexpected, you can open your document and manage its sharing permissions by clicking here.

This link only works for the direct recipients of this message.

Marilyn Ramos

Open

Microsoft OneDrive

Microsoft respects your privacy. To learn more, please read our Privacy Statement.
Microsoft Corporation, One Microsoft Way, Redmond, WA 98052

Notification Settings

From: Peace, Christa
To: "PJOHNSON68@tampabay.rr.com"
Subject: Please review application file M. Ramos5623
Date: Tuesday, October 6, 2020 9:37:39 AM
Attachments: Application Review Form -SLPA M.Ramos5623.docx

A link to review the password protected application file for Marilyn Ramos has been sent to you.

The file is being sent to you because it is unclear if applicant met the education requirements for a speech-language assistant certification in Florida. Applicant provided a copy of their credential evaluation.

Please complete and return the attached review form.

The 90-day limit expires 12/29/2020

Thank you in advance.

Christa Peace
Regulatory Specialist III
Department of Health/MQA/HCPR
Board of Acupuncture,
Board of Osteopathic Medicine,
Board of Speech-Language Pathology & Audiology
Direct Line (850) 617-1964
Direct Fax (850) 921-6184
Christa.peace@flhealth.gov

How am I communicating? Please contact my supervisor at Carol Taylor with any questions or concerns to comment on my customer service.

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October 7, 2020

Marilyn Ramos
8965 Okeechobee Blvd.
Apt 102
West Palm Beach, FL 33411

File #5623

Dear Ms. Ramos:

This letter concerns your application/evaluation of credentials received by the Florida Board of Speech-Language Pathology and Audiology. Your application will be presented to the Board of Speech-Language Pathology and Audiology for review and consideration at the next meeting. You required to attend the meeting.

Your application is being reviewed by the board because based on the information provided, the fifteen (15) semester hours of communication disorders of speech, language and hearing could not be verified, according to 64B20-2.004 (1) (b) Educational Requirements.

The meeting is scheduled to take place at:

9:00 a.m., Friday, October 23, 2020
Please join from your computer,
tablet or smartphone.
https://global.gotomeeting.com/join/381000533
You can also dial in using your phone.
United States (Toll Free): 1-866-899-4679
Access Code: 381-000-533

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board**. We appreciate your continued cooperation and assistance.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied

If you have any additional questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

Christa Peace

Christa Peace
Regulatory Specialist III

From:	Peace, Christa
To:	"FWPTHERAPY01@GMAIL.COM"
Subject:	Board Notification
Date:	Wednesday, October 7, 2020 9:25:05 AM
Attachments:	Marilyn Ramos 5623.pdf

Your application will be reviewed at the October 23, 2020, Board of Speech-Language Pathology & Audiology video/teleconference meeting. You are required to attend the meeting. Please see the attached correspondence. Also, please let me if you will need a translator for the meeting.

Sincerely,

Christa Peace
Regulatory Specialist III
Department of Health/MQA/HCPR
Board of Acupuncture,
Board of Osteopathic Medicine,
Board of Speech-Language Pathology & Audiology
Direct Line (850) 617-1964
Direct Fax (850) 921-6184
Christa.peace@flhealth.gov

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FLORIDA | BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY

APPLICATION SUMMARY

Pons Figueredo, Claribel Irene

Profession Code – 3003 - File Number: 5133

Speech-Language Pathology Assistant

Application Completion Date: 03/23/2020

Foreign Education:

Applicant attended the Enrique Jose Varona Higher Pedagogic Institute in Cuba.

Supplemental Documents

This application was presented at the July 24, 2020 board meeting

Transcript of Studies

Excerpt from Board Meeting Minutes

Order Accepting Waiver Of Ninety Day Period

Summary Prepared By: Christa Peace 9.28.20

TAB 7: Claribel Irene Pons Figueredo, File #5133
Applicant was present. Applicant was not represented by counsel.
The board provided a Spanish translator for applicant.

Action Taken: After discussion, Dr. Johnson, moved to table the application until the next board meeting, Dr. Guerriero seconded the motion. Motion carried.

Applicant verbally waived the ninety-day requirement.

3003-5133

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: Amy Carraway
DATE JUL 3 1 2020

STATE OF FLORIDA
DEPARTMENT OF HEALTH
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

IN RE: APPLICATION FOR LICENSURE BY
CLARIBEL IRENE PONS FIGUEREDO
_____/

ORDER ACCEPTING WAIVER OF NINETY DAY TIME PERIOD

THIS MATTER came before the Board of Speech-Language Pathology and Audiology ("Board"), upon the Application for Speech-Language Pathology Assistant License ("Application") made by **CLARIBEL IRENE PONS FIGUEREDO** ("Applicant"). The Board considered the Application at a properly noticed meeting on July 24, 2020, by Telephone Conference Call. The Council was represented by Ronald Jones, Assistant Attorney General. The Applicant was present and was not represented by counsel.

After discussion, the Board determined that the Applicant did not have the number of required hours in speech-language pathology coursework. As a result, the Board agreed to allow the Applicant to complete the needed coursework and provide evidence of completion of the coursework to the Board prior to the next Board meeting. In order to supply the additional documentation, the Applicant voluntarily waived the requirement of Section 120.60(1), Florida Statutes, that applications for licensure be approved or denied within ninety (90) days after receipt of a completed application. The Board accepts the Applicant's waiver of the 90-day deadline, and this matter shall be brought back before the Board at the next Board meeting to consider the Application, including any additional materials submitted by the Applicant. It is, therefore

ORDERED that the Board accepts the voluntary waiver of the ninety (90) day statutory period to approve or deny the Application for Speech-Language Pathology Assistant Licensure of

Claribel Irene Pons Figueredo, to allow the Applicant to supply additional documentation and explanation.

This Order shall be placed in and become a part of the official records and shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 30th day of July, 2020.

BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Kama Monroe, Executive Director
on behalf of Peter Johnson, Au.D., Chair

NOTICE OF RIGHT TO HEARING

This notice constitutes final agency action if no request for a hearing is received by the Board on or before the twenty-first day after the applicant's receipt of the notice. The applicant may request a hearing by filing an appropriate petition with the Executive Director of the Board at 4052 Bald Cypress Way, Bin #C-03, Tallahassee, Florida 32399-3253. The applicant may petition for a hearing involving disputed issues of material fact before an administrative law judge pursuant to Section 120.57 (1), Florida Statutes, or for a hearing not involving disputed issues of material fact pursuant to Section 120.57 (2), Florida Statutes.

A petition for a hearing involving disputed issues of material fact must contain information required by Rule 28-106.201, Florida Administrative Code, including a statement of all disputed issues of material fact. The Board may refer a petition to the Division of Administrative Hearings for assignment of an administrative law judge only if the petition is in substantial compliance with the rule requirements. A petition for a proceeding not involving disputed issues of material fact must contain information required by Rule 28.106.301, Florida Administrative Code, including a concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle petitioner to relief.

In accordance with Section 120.573, Florida Statutes, mediation is not available.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Order has been provided by U.S. Mail to: **Claribel Irene Pons Figueredo**, 10820 SW 52 Drive, Westchester, FL 33165; and by email to: **Ronald Jones**, Ronald.jones@myfloridalegal.com, Assistant Attorney General, Office of Attorney General, this ~~30th~~ 31st day of July, 2020.

Amy L. Carranza

Deputy Agency Clerk

From: CLRIBEL pons
To: Peace, Christa
Subject: Re: Board Notification
Date: Thursday, October 1, 2020 12:49:13 AM

Hello Christa;
I found a class in Miami Dade college, that is validated for a 5 hour on development of language and teaching of writing reading. I will take that class on October 7th. I would like to know after they give me a certificate of that class. Where I have to send it?, I can send it by email to you ?, I can send it by Josef silly & Associate?, Please let me know where and how I have to send it. Because I'm worried if I won't send it on time to my next meeting with a board on October 23rd. Thanks in advance.
Best regards,
Claribel Pons Figueredo

El El mar, sep. 29, 2020 a la(s) 3:29 p. m., Peace, Christa <Christa.Peace@flhealth.gov> escribió:

> Greeting,
>
> Your application will be reviewed at the October 23, 2020, Board of Speech-Language Pathology & Audiology video/teleconference meeting. You are required to attend the meeting. Please see the
>
> attached correspondence. Also, please let me if you will need a translator for the meeting.

Sincerely,

Christa Peace

Regulatory Specialist III

Department of Health/MQA/HCPR

Board of Acupuncture,

Board of Osteopathic Medicine,

Board of Speech-Language Pathology & Audiology

Direct Line (850) 617-1964

Direct Fax (850) 921-6184

Christa.peace@flhealth.gov

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law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.

September 29, 2020

Claribel Irene Pons Figueredo
10820 SW 52 Drive
Westchester, FL 33165

File #5133

Dear Ms. Pons Figueredo:

This letter is concerning your Speech-language Pathology Assistant application by (endorsement or evaluation of credentials) with the Florida Board of Speech-Language Pathology and Audiology. Your application will be presented to the Board of Speech-Language Pathology and Audiology for review and consideration at the next meeting. You are not required to attend the meeting.

Your application is being reviewed again by the board because based on the information provided, the fifteen (15) semester hours of communication disorders of speech, language and hearing could not be verified, according to 64B20-2.004 (1) (b) Educational Requirements.

The meeting is scheduled to take place at:

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Please join from your computer,
tablet or smartphone.
https://global.gotomeeting.com/join/381000533
You can also dial in using your phone.
United States (Toll Free): 1-866-899-4679
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If you have any additional questions, you may contact the board office at the address listed below, or by telephone at (850)414-8126 or e-mail at Christa.Peace@flhealth.gov.

Sincerely,

Christa Peace

Christa Peace
Regulatory Specialist III

From: Peace, Christa
To: "CLRIBEL pons"
Subject: Board Notification
Date: Tuesday, September 29, 2020 3:29:45 PM
Attachments: Claribel Irene Pons Figueredo.pdf

Greeting,

Your application will be reviewed at the October 23, 2020, Board of Speech-Language Pathology & Audiology video/teleconference meeting. You are required to attend the meeting. Please see the attached correspondence. Also, please let me if you will need a translator for the meeting.

Sincerely,

Christa Peace
Regulatory Specialist III
Department of Health/MQA/HCPR
Board of Acupuncture,
Board of Osteopathic Medicine,
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FLORIDA | BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY

APPLICATION SUMMARY

MORA BLAZQUEZ, CLARA ROSA

Profession Code – 3003 - File Number: 5436 Speech-Language Pathology Assistant **Application Completion Date:** 04/16/2020

Foreign Education:

Supplemental Documents

This application was presented at the July 24, 2020 board meeting

Transcript of Studies

Excerpt from Board Meeting Minutes

Order Accepting Waiver Of Ninety Day Period

Summary Prepared By: Christa Peace 9.28.20

Trusted Translations®

Date: 08/24/2020

COA-O-59096-002

CERTIFICATE OF ACCURACY

To whom it may concern:

A copy of the document **Transcription of Study Plan of Clara Mora Blazquez** was translated by a team of linguists qualified to read and translate this material.

The said document is accurately translated from Spanish into English to the best of our knowledge and belief.

Sincerely,

TRUSTED TRANSLATIONS, INC.

Liliana E. Ward

By: Liliana Ward
V.P. of Operations

TRUSTED TRANSLATIONS, INC. CERTIFIED AN ISO-COMPLIANT COMPANY

66 West Flagler St., Suite 1200
Miami, FL 33130

Phone: (877) 255-0717
Fax: (888) 883-6408

UNIVERSITY OF PEDAGOGICAL SCIENCES
"BLAS ROCA CALDERIO"
Manzanillo, Cuba.

Studies for Graduates in Education.
Specialty: Defectology.
Special Education.

The Secretary General of the University of Pedagogical Sciences "Blas Roca Calderio", Manzanillo, Cuba
..... CERTIFIES: That in file 85121412595, corresponding to: Clara Mora Blazquez, from the University of Pedagogical Sciences of Manzanillo, appears the study plan and the number of hours obtained in the Bachelor of Education studies, in the specialty of Defectology, which is transcribed below:

Course: 2003-2004 **First Year**

First Semester:

Subjects:

Spanish: 100 hours
-Knowledge of the Spanish language. Oral and Written Correction.

Human Anatomy, Physiology and Pathology: 300 hours
-Knowledge of the human body. Congenital and acquired formations and malformations. Development and functions of the organs. Study of all human systems: circulatory, digestive, neurological, articulatory systems.
Diseases, characteristics, causes: pre, peri and postnatal. Consequences and treatments. Vascular accidents. Language alterations. Alzheimer's. Ataxias. Spina bifida, spinal cord injuries. Hemiplegia. Child brain paralysis. Movement disorders. Neuropathies. Myelomeningocele. Meninge. Syndromes. Neural tube diseases. Hypotonia. Parkinson's. Classifications. diagnostics. Treatments. Genetics.

Research Methodology: 300 hours
-Comprehensive conception of personality, activity, and communication in psychology.
-Research methods, observation, interview, survey, and analysis. -Zone of immediate, current, and potential development.
-Learning and development. Cognitive psychic processes: sensory perception, attention, memory, imagination and thought.
-Language.
-Complex psychological training. Temperament. Self-assessment. Self-esteem.
-Emotional-cognitive sphere, will. Needs. Characteristic frustrations, causes, consequences and treatments.

History of Education: 40 hours
-Knowledge of the history of Education in Cuba.

Second Semester:

Spanish: 100 hours
-Knowledge of the oral and written language. Skills development. Characteristics.

Human Anatomy, Physiology and Pathology: 300 hours
-The human body. Congenital and acquired formations and malformations. Development and functions of the organs.

Psychology: 400 hours
-Characterization and research on psychological disorders in the family and adolescence. Pervasive developmental disorders. Psychometric techniques and pedagogical methods.
- Diseases at the neurotic and on the psychotic levels. Autism. Asperger Syndrome. Rett disorders.
-Childhood disintegrative disorder. Behavioral disorders. Mental retardation. Delay in psychic development. Down Syndrome. Schizophrenia. Stress. Hypochondria. Somatization disorder. Depression. Delusions, types. Dementia, types. Narcissism. Phobias. Hysteria. Hypochondria Depression. Maniacs. Anxiety. Language disorders. Enuresis. Senile dementia. Alzheimer's. Affection of psychic processes, memory, thoughts, imagination, sensory perception, attention.
-Classifications, causes, consequences and treatments. Correction and/or compensation.

Work Component: 200 hours
-The Defectologist in Society. Role in Early Intervention
-Personality. Comprehensive study of personality. Individual general psychology.
-Preparation of the Child for cognitive and social activity.

Course: 2004-2005 **Second Year**

First Semester:

Spanish: 100 hours
-Continuation of the development of oral and written skills. Knowledge of works as part of the comprehensive general culture of future Defectologists.

Human Anatomy, Physiology and Pathology: 300 hours
-Knowledge of the human body. Formations. Congenital and acquired malformations. Development and functions of the organs.
-Digestive system, musculoskeletal system. Diseases. Causes and treatments.

Psychology: 400 hours
- Psychopedagogical characteristics of the child with deafness or hearing loss. Family, school, and community. Intervention strategy.
Case evaluations.
-Psychopedagogical characteristics of schoolchildren with visual impairments. Education, correction, and compensation of the disabled. Case evaluation. Intervention strategy.
-Zone of current development and zone of proximal development of the school with special educational needs.
-Diagnosis of cases of children with alterations in vision.
Characterizations and evaluation of children with special educational needs in the physical and motor area. Concepts. Classifications. Correction and/or compensation of the child.
- General and special pedagogy.
-Continuation with the study of personality. General and comprehensive psychology of children with special educational needs. Evaluation, diagnosis, and treatment. Intervention strategy.
-Seminar.
-Practical activities. Cases study. Characterization.

Second Semester

Human Anatomy, Physiology and Pathology: 340 hours
-Continuation with the knowledge of the human body. Motor system. Endocrine system. Development and functions of the organs.
-Reproductive system. Development and functions. The importance of hygiene. Sexually transmitted diseases.

Psychology 3: 400 hours
-Continuation of the study of psychological disorders in childhood and adolescence, generalized disorders in development. Psychometric techniques and pedagogical methods.
-Familial main cell of the community.
-Psychopathology disorders. Classifications, causes, consequences and treatments. Correction and/or compensation.
-Seminaries. Cases study.

Personality Education: 200 hours
-Study of the personality in minors with special educational needs. Intervention strategy.

Speech Therapy: 400 hours
-Anatomy and physiology of speech and the mechanism of hearing.
-Basic audiology.
-Normal language development.
-Ethics and legal aspects in the medical profession.
-Phonological and articulatory disorders: Evaluation and Treatment. Communication.
-Sign Language
-Childhood and behavioral problems.

Course 2005-2006 **Third Year**

First Semester

Work component: **400 hours**
-Fundamental knowledge of pedagogical research. Research design, structure. Research topic. Own selection. Problems bank. Objectives. Hypothesis. Problems. Scientific tasks.

Scientific arguments. Annexes. Research methods: empirical, theoretical, practical, mathematical. Bibliography.
-Presentation of scientific research.

Psychology 3: 300 hours
-Continuation in the deepening of fundamental psychological knowledge to future integral Defectologists. Main characteristics of each of the psychological pathologies. Intervention strategy. Structure of defect. Action plan.

Second Semester:

Psychotherapy: 300 hours
-Deepening of psychological knowledge.
-Personality disorders. Fundamental characteristics. Treatments.
Case evaluation. Intervention strategy.
-Generic identity disorders: characteristics. Evaluation. Treatment. Actions plan.
-Behavioral disorders. Main characteristics. Causes. Treatment and actions plan.

Speech Therapy: 480 hours
-Concept of language disorders. Etiology. Alterations of the organization and integration of the functions that intervene in the communication processes. Classification.
-Preventive-corrective work. Voice disorders. Concepts. Etiology. Classification. Characterization. Corrective and preventive work.
-Language exploration methods. Phonation disorders.
-Joint disorders. Concepts. Etiology. Classification. Characterization. - Phonetic and oenological disorders. Dyslalias. Rhinolalia, Dysarthria, Concepts. Classification. Etiology. Characterization. Corrective, preventive and/or compensatory work.
-Rhythm and language fluency disorders. Concepts. Etiology. Characterization. Classification.
-Stuttering and stammering. Preventive and/or compensatory work.
-Delay in language development. Concepts. Etiology. Classification. Characterization. Communication characteristics associated with hearing and intellectual deficiencies. Dyslalias. Aphasias and simple language delay. Aphasia, alalia. Dysarthria. Autism. Etiologies. Characteristics. Classifications. Preventive, corrective and/or compensatory work.

Course: 2006-2007 **Fourth Year**

First Semester.

Speech Therapy 2: 480 hours
-The voice and its disorders. Treatment. Anatomophysiological mechanism of phonation. Voice qualities. Alterations. Treatments. Voice prophylaxis. -Motor Alalia, treatment. Sensory Alalia. Treatment.
-Reading and writing disorders. Treatments.
-Intervention strategy.
-Language disorders in children.
-Fluency Disorders: Evaluation and Treatment.
-Voice Disorders: Evaluation and Treatment.
-Language disorders in adults.
-Dysphagia in children and adults.
-Auditory rehabilitation.
-Augmentative and alternative aid for communication.
-Evaluation and differential diagnosis of communication disorders.
-Neurogenic disorders in adults.
-Early intervention in speech and language.
-Supervision, consulting, and administration of clinical services.
-Research methodology in communication disorders.

Second Semester

Speech Therapy 3: 480 hours
-Language pathologies. Anatomophysiological mechanism of speech. Functional unit of the organs of speech.
-Structural components of language. Speech characteristics. Qualities and attributes of the voice. Possible alterations of the verbal mechanism.
-Classification of language disorders. Prophylaxis of verbal disorders.
-Functional Dyslalias. Organic Dyslalias. Special features. Corrective treatment.
-Functional or organic rhinolalia. Congenital or acquired rhinolalia. Closed rhinolalia or hyperrhinolalia. Open rhinolalia or hyperrhinolalia.
-Dysarthria. Dysarthria and anarthria. Etiology. Classification. Motor skills of minors with dysarthria. Diagnosis and treatments.
-Fluency Disorders. Correction-compensation.

Current debates: 100 hours.

-Methodological treatment. Reading in the exercise and consolidation stage.
-Expression skills.
-Methodological treatment. Integration of schoolchildren into society.
-Psychotherapeutic methods and resources.
-Background. Individual and group psychotherapy.
Dramatizations. Characteristics, psychotherapy puppets, music therapy, psychotherapy ballet, drawing, modeling clay, sand, bibliotherapy.
-Family psychotherapy. Conversation and interviews. Relaxation and breathing techniques. Autogenic training.
-Psychotherapy through games; tables, roles, assets.
-Dolphin therapies, equine therapies, Psychopedagogical explorations

Course: 2006-2007 **Fifth Year**

First Semester.

Speech Therapy: 480 hours
-Attention to the hearing impaired. Methods and procedures used.
Research, diagnosis, correction and/or compensation of hearing and speech disorders. Speech therapy examination. Selection of cases and treatments. -Analysis of clinical-pedagogical records. Teaching and clinical treatments. -Early stimulation.
-Psychology of the hearing impaired.
-Physical and psychological characteristics of these children. Labor and social integration.
-Family and school orientation.
-Exchange of methods and procedures.
-Analysis of clinical records. Psychopedagogical. Analysis of learning situations.
-Visits to educational centers and therapeutic clinics. Observation of activities.
-Evaluation of families and the environment.

Second Semester:

Visual arts methodology: 100 hours
-Methodological requirements.
-Plastic arts in the comprehensive formation of the personality as a psychotherapeutic means. Skills development.
-Plastic arts: remedial-compensatory treatment route in children with special educational needs.

Case study: 480 hours
-Research, evaluation, and diagnostic conclusion. Methods for speech therapy examination.
-Language disorders. Classification. Causes. Evaluation and diagnostic conclusion of language.
-Physical speech exam. Behavior.
-State of the circulatory system. Logopedic diagnosis.
-Community prevention and intervention: work aimed at the prevention and early orientation of the hearing and visual impaired. Incorporation into society.

Current debates: 100 hours.
-Knowledge. Prevention and community intervention of the deaf-blind.
-Development of communication skills with the Braico system. Braille reading, writing and oral communication of future Defectologists.

Elective: 100 hours.
-Community prevention and intervention: community strategies for minors with special auditory educational needs.
-Development of communication skills of future Defectologists. Their incorporation into society, intervention strategy.

[SEAL: REPUBLIC OF CUBA
[COAT OF ARMS]
MINISTRY OF EDUCATION]

TAB 6: Clara Rosa Mora Blazquez, File #5436
Applicant was present. Applicant was not represented by counsel.
The board provided a Spanish translator for applicant.

Action Taken: After discussion, Dr. Johnson moved to table the application and allow the applicant time to submit additional documents for further review. The Chair has the authority to determine whether the documents meet the requirements for licensure. Applicant will be required to appear at the next board meeting, if the documents are not received or do not meet requirements prior to the next scheduled board meeting. Dr. Rahe seconded the motion. Motion carried.

Applicant verbally waived ninety-day requirement.

3003-5436

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: Amy Carraway
DATE JUL 3 1 2020

STATE OF FLORIDA
DEPARTMENT OF HEALTH
BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

IN RE: APPLICATION FOR LICENSURE BY
CLARA ROSA MORA BLAZQUEZ
_____/

ORDER ACCEPTING WAIVER OF NINETY DAY TIME PERIOD

THIS MATTER came before the Board of Speech-Language Pathology and Audiology ("Board"), upon the Application for Speech-Language Pathology Assistant Certification ("Application") made by **CLARA ROSA MORA BLAZQUEZ** ("Applicant"). The Board considered the Application at a properly noticed meeting on July 24, 2020, by Telephone Conference Call. The Council was represented by Ronald Jones, Assistant Attorney General. The Applicant was present and was not represented by counsel.

After discussion, it was unclear to the Board whether Applicant met the educational requirements for certification, based on an evaluation of credentials provided by Applicant. In particular, the Board determined it required further documentation and explanation from the Applicant regarding the Applicant's claimed number of hours of required speech-language pathology-related courses. In order to supply the additional documentation, the Applicant voluntarily waived the requirement of Section 120.60(1), Florida Statutes, that applications for licensure be approved or denied within ninety (90) days after receipt of a completed application. The Board accepts the Applicant's waiver of the 90-day deadline, and this matter shall be brought back before the Board at the next Board meeting to consider the Application, including any additional materials submitted by the Applicant. It is, therefore

ORDERED that the Board accepts the voluntary waiver of the ninety (90) day statutory period to approve or deny the Application for Speech-Language Pathology Assistant Certification

of **Clara Rosa Mora Blazquez**, to allow the Applicant to supply additional documentation and explanation.

This Order shall be placed in and become a part of the official records and shall become effective upon filing with the Clerk of the Department of Health.

DONE AND ORDERED this 30th day of July, 2020.

BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

Kama Monroe, Executive Director
on behalf of Peter Johnson, Au.D., Chair

NOTICE OF RIGHT TO HEARING

This notice constitutes final agency action if no request for a hearing is received by the Board on or before the twenty-first day after the applicant's receipt of the notice. The applicant may request a hearing by filing an appropriate petition with the Executive Director of the Board at 4052 Bald Cypress Way, Bin #C-03, Tallahassee, Florida 32399-3253. The applicant may petition for a hearing involving disputed issues of material fact before an administrative law judge pursuant to Section 120.57 (1), Florida Statutes, or for a hearing not involving disputed issues of material fact pursuant to Section 120.57 (2), Florida Statutes.

A petition for a hearing involving disputed issues of material fact must contain information required by Rule 28-106.201, Florida Administrative Code, including a statement of all disputed issues of material fact. The Board may refer a petition to the Division of Administrative Hearings for assignment of an administrative law judge only if the petition is in substantial compliance with the rule requirements. A petition for a proceeding not involving disputed issues of material fact must contain information required by Rule 28.106.301, Florida Administrative Code, including a concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle petitioner to relief.

In accordance with Section 120.573, Florida Statutes, mediation is not available.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Order has been provided by U.S. Mail to: **Clara Rosa Mora Blazquez**, 8405 SW 137 Avenue, Miami, FL 33183; and by email to: **Ronald Jones**, Ronald.jones@myfloridalegal.com, Assistant Attorney General, Office of Attorney General, this ~~30th~~ 31st ac day of July, 2020.

Amy L. Carraway

Deputy Agency Clerk

September 29, 2020

Clara Rosa Mora Blazquez
8405 SW 137 Avenue
Miami, FL 33183

File #5436

Dear Ms. Mora Blazquez:

This letter concerns your application/evaluation of credentials received by the Florida Board of Speech-Language Pathology and Audiology. Your application will be presented to the Board of Speech-Language Pathology and Audiology for review and consideration at the next meeting. You required to attend the meeting.

Your application is being reviewed again by the board because based on the information provided, the fifteen (15) semester hours of communication disorders of speech, language and hearing could not be verified, according to 64B20-2.004 (1) (b) Educational Requirements.

The meeting is scheduled to take place at:

9:00 a.m., Friday, October 23, 2020
Please join from your computer,
tablet or smartphone.
https://global.gotomeeting.com/join/381000533
You can also dial in using your phone.
United States (Toll Free): 1-866-899-4679
Access Code: 381-000-533

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board**. We appreciate your continued cooperation and assistance.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied

If you have any additional questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

Christa Peace

Christa Peace
Regulatory Specialist III

From: Peace, Christa
To: "CLARAMAECKLE@GMAIL.COM"
Subject: Board Notification
Date: Tuesday, September 29, 2020 3:29:07 PM
Attachments: Clara Blazquez.pdf

Greeting,

Your application will be reviewed at the October 23, 2020, Board of Speech-Language Pathology & Audiology video/teleconference meeting. You are required to attend the meeting. Please see the attached correspondence. Also, please let me if you will need a translator for the meeting.

Sincerely,

Christa Peace
Regulatory Specialist III
Department of Health/MQA/HCPR
Board of Acupuncture,
Board of Osteopathic Medicine,
Board of Speech-Language Pathology & Audiology
Direct Line (850) 617-1964
Direct Fax (850) 921-6184
Christa.peace@flhealth.gov

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DATE: July 23, 2020

TO: Frederick Rahe,
Vice Chair of Speech Language Pathology & Audiology

FROM: Christa Peace, Regulatory Specialist III

RE: Marielys Reyes,
File No: 9804

Completion Date: 7/10/20

Next Board Meeting Date: 10/23/2020

ISSUE: It is unclear if applicant met the education requirements for a provisional speech-language license in Florida. Applicant provided a copy of their credential evaluation.

Please review the following documents:
Application File

I reviewing her translated transcripts, I see that she has Bachelors degree in Special Education with some Speech and Language courses. The transcript did not include credit hours, only grades.

I did not see a graduate degree with any Speech and Language courses.

[ ] Approved with No Further Review by the Full Board

[X] Not Approved, Review by the Full Board

[ ] Not Approved Board Appearance Required

Frederick Rahe *7/24/20*

Signature Date

FLORIDA | BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY

APPLICATION SUMMARY

REYES, MARIELYS

Profession Code – 3005 - File Number: 9804

Speech-Language Pathologist

Application Completion Date: 07/10/2020

Applicant submitted translated education documents to the board office.

Board staff are unable to verify education credits.

Supplemental Documents

Application

Initial Application

Translated Education Documents

Verification of Employment

General Correspondence

64B20-2.003 Educational Requirements.

Summary Prepared By: Dontae Moore on 07/13/2020

64B20-2.003 Provisional Licensure; Requirements.

(1) A provisional license shall be required prior to initiating the professional employment experience required pursuant to Section 468.1165, F.S., and Rule 64B20-2.004, F.A.C.

(2) Any person desiring to receive a provisional license to practice speech-language pathology or audiology shall apply to the Department of Health and pay the fee required by Rule 64B20-3.002, F.A.C. The application shall be made on Form DH-SPA-2, Application for Speech-Language Pathology or Audiology Provisional Licensure, which is incorporated by reference herein, revised (07/16), and can be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-07462, or the Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256 or at http://floridasspeechaudiology.gov/resources/. The Department shall notify the applicant by letter of any deficiencies in the application within 30 days after the application is filed. The applicant shall rectify all deficiencies in the application within one year from the date of such letter or the application will be processed as an incomplete application and the application file will be closed.

(3) The Board shall certify to the Department as eligible to receive a provisional license those applicants who have completed the application form, remitted the nonrefundable application fee as required by Rule 64B20-3.002, F.A.C., the provisional license fee required by Rule 64B20-3.005, F.A.C., and who have demonstrated to the Board that they have met the educational requirements contained in Rule 64B20-2.002, F.A.C.

(4) In addition to the application form, candidates for a provisional license shall also complete Form DH-SPA-2A, Board of Speech-Language Pathology and/or Audiology Verification of Employment for a Provisional Licensee, which is incorporated by reference herein, revised October, 2012, and can be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-02876, or the Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, #C06, Tallahassee, Florida 32399-3256 or at http://floridasspeechaudiology.gov/resources/. Said form shall provide the following:

(a) Evidence that the professional employment shall include assessment, habilitation and rehabilitation activities with clients.

(b) Evidence that the activities performed by the provisional licensee shall be monitored and evaluated by an individual with an active license in the same area for which provisional licensure is being sought. The evaluation may be conducted by more than one (1) licensed speech-language pathologist or audiologist. In such cases, one licensee shall assume the responsibility to organize and verify that the policies concerning supervision and evaluation are met.

(5) A provisional license shall be valid for a period of 21 months from the date of issuance or until a license to practice Speech-Language Pathology or Audiology pursuant to Section 468.1185, F.S., is issued, whichever occurs first.

Rulemaking Authority 456.013, 468.1135(4), 468.1145(2), (5) FS. Law Implemented 456.013, 456.0635(2), 468.1145(2), (5), 468.1155(4) FS. History–New 3-14-91, Amended 12-4-91, Formerly 21LL-2.003, Amended 11-30-93, Formerly 61F14-2.003, Amended 9-26-95, Formerly 59BB-2.003, Amended 11-20-07, 6-1-09, 4-18-10, 7-13-13, 10-23-16.

CONFIDENTIAL AND EXEMPT MATERIALS

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Scroll down to see the available pages or advance to the next document if all pages have been removed.

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456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

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Board of Speech-Language Pathology and Audiology
VERIFICATION OF EMPLOYMENT
FOR A PROVISIONAL LICENSEE

Instructions: The applicant is to complete Section 1. The supervisor completes Sections 2 - 3 and returns the form to the Board office at the address listed below. Note- this form is not to be used by applicants for assistant certification.

SECTION 1: (completed by provisional licenso applicant)

Applicant Name: Marelys Reyes

Check one: X Speech-Language Pathology / Audiology

SECTION 2: (completed by supervisor)

Supervisor's Name: Glynnis Vega Business Phone: 305-388-0004

License Number: 13512 X Speech-Language Pathology Audiology

Practice Location Address: 8010 SW 137 Ave Suite 242 Miami Fl. 33186

Name of office or agency where experience will take place: My Big World Inc

SECTION 3: (signed by supervisor)

I understand that pursuant to Section 468.1155(1), F.S., a provisional license is required prior to the above named applicant initiating the professional employment experience.

I certify that the professional employment shall include assessment, habilitation and rehabilitation activities with the clients; the activities performed by the provisional licensee shall be monitored and evaluated by an individual with an active license in the same area for which provisional licensure is being sought.

I hereby acknowledge that I have read Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules.

I certify that the above information is true and correct to the best of my knowledge.

Supervisor's Signature Date 7/7/2020

DH-SPA-2A Revised 10/12 Reference 64B20-2.003(4)

Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C06, Tallahassee, FL 32399-3256
Telephone: (850) 245-4161

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

September 26, 2019

Marielys Reyes
11800 Sw 18 St
Apt 318
Miami, FL 33175

File Number: 9804

Dear Ms. Reyes:

This is to acknowledge the receipt of your application for Provisional Licensure as a Pathologist by the Board of Speech-Language Pathology and Audiology. Your application is incomplete. The following item(s) must be received in order to complete your application:

> Have the university mail a transcript that reflects the Master's degree awarded to the Board to the address above.

Please mail all documentation to the Florida Board of Speech-Language Pathology & Audiology, 4052 Bald Cypress Way, Bin C06, Tallahassee, FL 32399-3256. If you are required to send any money please send it to P.O. Box 6330, Tallahassee, FL 32314-6330. Please include your file number on all correspondence.

Please be advised pursuant to Section 456.013(1)(a), Florida Statutes all incomplete applications will expire one year after the initial filing of the application with the Department. Your application was received on **09/23/2019** and will expire one year from this date if not completed.

If you have any questions regarding this information you may contact our office at (850) 488-0595 or by email at info@floridasspeechaudiology.gov

Sincerely,

Gerry Nielsen
Program Operations Administrator

Florida Department of Health
Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256
PHONE: (850)245-4444 • FAX : (850) 850-921-6184

From:	Frederick Rahe
To:	Peace, Christa
Subject:	Re: Please review application file MR9804
Date:	Friday, July 24, 2020 1:45:49 PM
Attachments:	Application Review Form -Marielys Reyes.pdf

Please find the Application Review Form for Marielys Reyes. I can not approve as I do not see any graduate level speech courses or degree.
Regards,
Fred Rahe

On Thursday, July 23, 2020, 04:08:47 PM EDT, Peace, Christa <christa.peace@flhealth.gov> wrote:

A link to review the password protected application file for Marielys Reyes has been sent to you.

The file is being sent to you because it is unclear if applicant met the education requirements for Provisional Speech-Language license in Florida. A copy of the credential evaluation was included was with the application file.

Please complete and return the attached review form.

The 90-day limit expires 10/10/2020

Thank you in advance.

Christa Peace

Regulatory Specialist III

Department of Health/MQA/HCPR

Board of Acupuncture,

Board of Osteopathic Medicine,

Board of Speech-Language Pathology & Audiology

Direct Line (850) 617-1964
Direct Fax (850) 921-6184

Christa.peace@flhealth.gov

How am I communicating? Please contact my supervisor at Carol Taylor with any questions or concerns to comment on my customer service.

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From: Peace, Christa
To: rahefred@bellsouth.net
Subject: Peace, Christa shared "Marielys Reyes" with you.
Date: Thursday, July 23, 2020 4:08:36 PM
Attachments: AttachedImage
AttachedImage
AttachedImage

Please review application-it is unclear if applicant met the education requirements for Provisional Speech-Language license in Florida. A copy of the credential evaluation was included was with the application file.

This link only works for the direct recipients of this message.

Marielys Reyes

Open

Microsoft OneDrive

Sender will be notified when you open this link for the first time.

Microsoft respects your privacy. To learn more, please read our Privacy Statement.
Microsoft Corporation, One Microsoft Way, Redmond, WA 98052

From:	Peace, Christa
To:	Frederick Rahe
Subject:	Please review application file MR9804
Date:	Thursday, July 23, 2020 4:08:42 PM
Attachments:	Application Review Form -SLPA MR9804.docx

A link to review the password protected application file for Marielys Reyes has been sent to you.

The file is being sent to you because it is unclear if applicant met the education requirements for Provisional Speech-Language license in Florida. A copy of the credential evaluation was included was with the application file.

Please complete and return the attached review form.

The 90-day limit expires 10/10/2020

Thank you in advance.

Christa Peace
Regulatory Specialist III
Department of Health/MQA/HCPR
Board of Acupuncture,
Board of Osteopathic Medicine,
Board of Speech-Language Pathology & Audiology
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September 18, 2020

Marielys Reyes
11800 SW 18 Street, Apt 318
Miami, FL 33175

File #9804

Dear Ms. Reyes:

This letter concerns your Provisional Speech-Language Pathology application by (endorsement or evaluation of credentials) with the Florida Board of Speech-Language Pathology and Audiology. Your application will be presented to the Board of Speech-Language Pathology and Audiology for review and consideration at the next meeting. You are not required attend the meeting.

Your application is being reviewed because based on the information provided, the hours earned at the graduate level could not be verified, according to 64B20-2.002 (1) (b) Educational Requirements.

The meeting is scheduled to take place at:

9:00 a.m., Friday, October 23, 2020
Please join from your computer,
tablet or smartphone.
https://global.gotomeeting.com/join/381000533
You can also dial in using your phone.
United States (Toll Free): 1-866-899-4679
Access Code: 381-000-533

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board**. We appreciate your continued cooperation and assistance.

If you have any additional questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

Christa Peace

Christa Peace
Regulatory Specialist III
Speech-Language Pathology & Audiology

From:	Peace, Christa
To:	"MARIELYSCU@YAHOO.COM"
Subject:	Board Notification
Date:	Friday, September 18, 2020 11:28:17 AM
Attachments:	Marielys Reyes.pdf

Your application will be reviewed at the October 23, 2020, Board of Speech-Language Pathology & Audiology video/teleconference meeting. You are not required to attend the meeting. Please see the attached correspondence. Also, please let me if you will need a translator for the meeting.

Sincerely,

Christa Peace
Regulatory Specialist III
Department of Health/MQA/HCPR
Board of Acupuncture,
Board of Osteopathic Medicine,
Board of Speech-Language Pathology & Audiology
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therefore be subject to public disclosure.

DATE: September 16, 2020

TO: Frederick Rahe,
Vice Chair of Speech Language Pathology & Audiology

FROM: Christa Peace, Regulatory Specialist III

RE: Beth Tetelbaum,
File No: 10220

Completion Date: 9/3/2020

Next Board Meeting Date: 10/23/2020

ISSUE: Applicant answered yes to the criminal history question. Applicant included the supporting documents with the file.

Please review the following documents:

Application File
Applicant was arrested for re-entering a nightclub after being ordered to leave. Her explanation is that they thought she was under age, which she states she wasn't. This is a poor explanation and does not take responsibility for the behavior that resulted in her being arrested.

While this lack of responsibility is concerning, I don't think it rises to the level of denying a license. However; I believe that a Board Appearance is warranted.

[ ] Approved with No Further Review by the Full Board

[ ] Not Approved, Review by the Full Board

[X] Not Approved Board Appearance Required

Frederick Rahe *9/17/20*

Signature Date

FLORIDA | BOARD OF SPEECH PATHOLOGY AND AUDIOLOGY

APPLICATION SUMMARY

TETELBAUM, BETH

Profession Code – 3005 - File Number: 10220

Speech-Language Pathologist

Application Completion Date: 09/03/2020

Criminal History:

Applicant answered yes to the criminal history question on the application.

Supplemental Documents

Application

Official Transcript

Employment Verification

Letter of Explanation

Court Documentation

General Correspondence

Summary Prepared By: Dontae Moore on 09/04/2020

CONFIDENTIAL AND EXEMPT MATERIALS

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SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

HILLSBOROUGH COUNTY SHERIFF'S OFFICE

INCIDENT REPORT

PAGE 1 OF 2

1. Case No. 06-71547
Event No. N/A

2. Type of Incident: 1 KESPASS
☑ Comm ☐ Att ☐ N/A ☐ DV
SIG CODE 50
3. Statute No. 810.09

4. Incident Date 02/03/06 Time 0200 To: Date 02/03/06 Time 0206
5. Report Date 02/03/06 Time 0206
6. Other Case No. N/A Agency

7. Location of Incident Scene: 8322 Hwy 301 N. Tampa, FL 33610
8. Grid 5711
9. # Off 1
☐ Gang ☐ Juvenile

10. Location Type
01-Residence-Single, 02-Apartment/Condo, 03-Residence-Other, 04-Hotel/Motel, 05-Convenience Store, 06-Gas Station, 07-Liquor Store, 08-Bar/Night Club, 09-Supermarket, 10-Dept/Discount Store, 11-Specialty Store, 12-Drug Store/Hospital, 13-Bank/Financial Inst, 14-Commercial Office Bldg, 15-Industrial/Mfg, 16-Storage, 17-Gov't/Public Bldg, 18-School/University, 19-Jail/Prison, 20-Religious Bldg, 21-Airport, 22-Bus/Rail Terminal, 23-Construction Site, 24-Other Structure, 25-Parking Lot/Garage, 26-Highway/Roadway, 27-Park/Woodlands/Field, 28-Lake/Waterway, 29-Motor Vehicle, 30-Other Mobile, 99-Other

11. Type of Weapon
00-N/A, 01-Handgun, 02-Rifle, 03-Shotgun, 04-Firearm, 05-Knife/Cutting Instrument, 06-Blunt Object, 07-Hands/Fists/Feet, 08-Poison, 09-Explosives, 10-Fire/Incendiary, 11-Threat/Intimidation, 12-Simulated Weapon, 13-Drugs, 88-Unknown, 99-Other

12. Drug Type
A-Amphetamine, B-Barbiturate, C-Cocaine, E-Heroin, H-Hallucinogen, M-Marijuana, O-Opium/Derivative, P-Paraphernalia, S-Synthetic, U-Unknown, Z-Other

V/W Code
VI-Victim, CP-Complainant, SB-Sexual Battery Victim, MA-Missing Adult, MC-Missing Child, DC-Dependent Child, WI-Witness, NS-Neighborhood Survey, FI-Further Information, SP-Suspect, AR-Arrested, JV-Juvenile, OW-Owner, OT-Other, AS-Associate

VICTIM'S RELATIONSHIP TO OFFENDER (VRTO)
01-N/A, 02-Undetermined, 03-Spouse, 04-Ex-Spouse, 05-Co-Inhabitant, 06-Parent, 07-Brother/Sister, 08-Child, 09-Step-Parent, 10-Step-Child, 11-In-Law, 12-Other Family, 13-Student, 14-Teacher, 15-Child of Boyfriend/Girlfriend, 16-Boyfriend/Girlfriend, 17-Friend, 18-Neighbor, 19-Sitter/Daycare Center, 20-Employee, 21-Employer, 22-Landlord/Tenant, 23-Acquaintance, 99-Other

☐ VI ☐ CP
13. Name | VRTO | Race | Sex | Age | DOB
Residence | INJ ☐ | Res. Phone
FL RES ☐ Full ☐ Part ☐ Non ☐ N/A
Business | Bus. Phone

14. Name | VRTO | Race | Sex | Age | DOB
Residence | INJ ☐ | Res. Phone
FL RES ☐ Full ☐ Part ☐ Non ☐ N/A
Business | Bus. Phone

STAND ALONE

15. Name | VRTO | Race | Sex | Age | DOB
Residence | INJ ☐ | Res. Phone
FL RES ☐ Full ☐ Part ☐ Non ☐ N/A
Business | Bus. Phone
Arrest Date -Time | Location of Arrest | Charges

16. Name | VRTO | Race | Sex | Age | DOB
Residence | INJ ☐ | Res. Phone
FL RES ☐ Full ☐ Part ☐ Non ☐ N/A
Business | Bus. Phone
Arrest Date -Time | Location of Arrest | Charges

Reporting Officer: DCP. J.O. Booker | PID 7640 | SQ 207 | Dist II
Editing Supervisor: Cpl Ted Lynn | PID 2768 | SQ 03 | Dist 02

20. ☐ D1 ☐ D3 ☐ Persons ☐ Vice ☐ Auto Theft ☐ Crime Analysis ☐ HRS
☐ D2 ☐ D4 ☐ Property ☐ Juvenile ☐ White Collar ☐ Reporting Officer ☐ Other _____
Date 02/03/06

21. ☐ Active ☐ Exceptionally Cleared ☐ Death of Offender ☐ Juvenile/No Custody ☐ Direct File
☐ Inactive ☐ Cleared by Arrest ☐ Extradition Declined ☐ Victim/Witness Refused to Cooperate
☐ Unfounded ☐ Request for Prosecution ☐ Prosecution Declined ☐ Offender Charged with other Crimes

3000 Rev. 8/05

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999981

GRID # 5711

CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

COURT CASE/ J.F. ID # ____ SAO # ____ OBTS # ____

AGENCY REPORT # 06-71547 AGENCY NAME TCSO ORI # FL029000

LOCATION OF OFFENSE 8222 Hwy 301 N Tampa, FL 33610 DATE OF OFFENSE 02/03/06 TIME OF OFFENSE 0200

WITHIN: TAMPA ☐ PLANT CITY ☐ TEMPLE TERRACE ☐ UNINCORPORATED AREA ☐ SUPPLEMENTAL CRA ATTACHED ☐

COURT: TAMPA COURT ☐ PLANT CITY CT ☐

LOCATION OF ARREST 8222 Hwy 301 N Tampa, FL 33610 DATE OF ARREST 02/03/06 TIME OF ARREST 0206

WEAPON TYPE None WEAPON SEIZED Yes ☐ No ☒

BOOKING # ____ SOID # ____

ARREST: ☒ Probable Cause ☒ Adult ☐ Capias ☐ Juvenile ☐ Fugitive Warrant ☐ Delinquency ☐ VOP/VOCC ☐ Dependency ☐ Warrant ☐ Felony ☐ Juvenile Pickup ☐ Misdemeanor

REQUEST FOR: ☐ Direct File/SAO Review ☐ Traffic MISD ☐ Traffic FEL ☐ Warrant ☐ Ordinance ☐ Summons ☐ Pickup ☐ Juvenile Pickup ☐ Other

NOTICE TO APPEAR: ☐ Arresting officer ☐ Booking supervising officer

DEFENDANT DEFENDANT

NAME: GOLDBERG (Last) BETH (First) SLAYNA (Middle) ALIAS: None

RACE: W-White I-American Indian/Alaskan [redacted] HP-Hispanic Black B-Black O-Oriental/Asian

Race W SEX F D.O.B. (MO DAY YEAR) APPROXIMATE AGE 21

COMPLEXION LGHT BUILD THIN HEIGHT 5'01 WEIGHT 110 COLOR: EYES BLU HAIR Blonde

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 5610 GRANDMARC CR Tampa, FL 33619 Ph #: 954 276 3175

Permanent Address (Street, Apt. #, City, State, Zip) ____ Ph #: ____

Business Address (Street, Apt. #, City, State, Zip) UNK Ph #: UNK

Driv[redacted] No. [redacted] State FL SS [redacted] PLACE OF BIRTH Hollywood FL DOC # ____

Gang Member: Yes ☐ No ☒ Gang Name N/A

SCARS, MARKS, TATOOS, UNIQUE FEATURES (Loc., Type, Desc.) None

IF JUVENILE: School Name ____

Mother/Guardian N/A Address: ____ Ph #: ____

Father/Guardian ____ Address: ____ Ph #: ____

Released To: JAC ☐ Parent ☐ Guardian ☐ Other Relationship ☐ ____ ☐ Other ____

CO DEFENDANT(S)

Co-Defendant (Last, First, Middle) ____ Sex: ____ Race: ____ DOB ____
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

Co-Defendant (Last, First, Middle) N/A Sex: ____ Race: ____ DOB ____
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

CHARGE(S)

STATUTE (subsec.) / ORD #	DV	CP	CHARGE STATUS	BOND SET	CHARGE	TRAFFIC CITATION#	DRUG ACT/TYPE
810.09	N	N	M		Trespass after Warning	None	N/A

CHARGE STATUS: F-Felony M-Misdemeanor T-Traffic O-Ordinance FT-Felony Traffic DV-Domestic Violence CP-Child Present
ACTIVITY: N-N/A P-Possess S-Sell B-Buy T-Traffic R-Smuggle D-Deliver E-Use K-Dispense/Distribute M-Manufacture/Produce/Cultivate Z-Other
TYPE: N-N/A A-Amphetamine B-Barbiturate C-Cocaine E-Heroin H-Hallucinogen M-Marijuana O-Opium/Deriv. P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other

EVIDENCE LIST

A LIST OF TANGIBLE EVIDENCE (If none, write "None") (Evidence List must be provided for all NOTICES TO APPEAR)

DESCRIPTION/AMOUNT PER UNIT	RECOVERED BY	GIVEN TO	PRESENT LOCATION
None	—	—	—

NOTICE TO APPEAR

Mandatory Appearance in Court ☐ You need not appear in Court, but must comply with instructions on Reverse Side. ☐

COURT INFORMATION: You must appear in County Court at the:

COURTHOUSE TOWER ANNEX, 801 E. TWIGGS STREET ☐ (Corner of Jefferson & Twiggs Street), TAMPA, FLORIDA 33602

COUNTY OFFICE BUILDING, MICHIGAN & REYNOLDS STREET ☐ PLANT CITY, FLORIDA 33566

Division N/A COURTROOM # ____ ON ____, 20____, AT ____ a.m. ☐ p.m. ☐

I agree to appear at the time and place designated above to answer for the offense(s) charged or to pay the fine subscribed. I understand that if I willfully fail to appear before the Court as required by the Notice to Appear, I may be held in contempt of Court and a warrant for my arrest shall be issued. You may also be charged with the crime of Failure to Appear, F.S. 843.15. I certify that my address as listed above is correct and I further understand that I have a continuing duty to advise the Court of any changes in my address as set forth above.

Signature of Defendant/Juvenile ____ Parent or Guardian if Juvenile ____

White - Clerk of Court Green - State Attorney Canary - Arresting Agency Pink - Central Booking/Detention Center Goldenrod- Defendant

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AGENCY REPORT # 06-71547 3/3 AGENCY NAME HCSO 999981

State facts to establish probable cause that a crime was committed by the defendant or that the child is dependent.

ON 02/03/06 AT APPROX 0200 HRS, LOCATED AT 8222 US HWY 301 N, W/ HILLSBOROUGH CO, WE WERE RESPONDED TO A DISTURBANCE AT THE DALLAS BULL NIGHT CLUB. THE DEF CAUSED A DISTURBANCE AND WAS ASKED TO LEAVE. THE DEF WAS ISSUED A TRESPASS WARNING AND ORDERED TO LEAVE THE PROPERTY. THE DEF REFUSED TO LEAVE BY WALKING BACK INTO THE CLUB AGAINST MANAGEMENTS CONSENT. THE DEF WAS ARRESTED AFTER FAILING TO COMPLY. THE DEF WAS DOA MADE VERBALLY.

PROBABLE CAUSE STATEMENT

Judgement requested against defendant for agency investigative cost per Florida Statute 938.27: $

POLICE REPORT WRITTEN: Yes ☑ No ☐

OFFICER J.D. Booker I.D. # 7690 Dist. & Squad D2/257

OFFICER _____ Dist. & Squad _____

I.D. # _____ (Please Print The Name Legibly)

I SWEAR THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. FOR NOTICES TO APPEAR, I ALSO CERTIFY THAT A COMPLETE LIST OF WITNESSES AND EVIDENCE KNOWN TO ME IS ATTACHED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 03 DAY OF FEB, 20 06

Cpl. TED AYON 3521

NAME/Title of Person Authorized to Administer Oath

Affiant Signature Dep. J.D. Booker

Affiant, Print Type Name

REPORT #

VICTIM NOTIFICATION

I am the Victim ☐ Contact person for the victim ☐ or, Next of Kin of the victim ☐ in a Homicide ☐ Sexual Offense ☐ Stalking ☐ Domestic Violence ☐ Child Abuse ☐ (Including Attempts) Other ☐ _____ I wish to be notified if the defendant is released from jail. Yes ☐ No ☐

NAME _____ Last First Middle Phone _____ (area code) phone - number

Address _____ Street Apt # City, State, Zipcode

_____ VICTIM'S SIGNATURE _____ DATE _____ File #

AGENCY NAME

ARRESTING AGENCY

SAO FORM-425, 10/03

999981

WITNESS STATUS: ☐ V-Victim ☐ C-Complainant ☐ W-All Other Witnesses ☐ Check if Witness Was Sworn

WITNESSES

☐ C-Complainant KOZLOWSKI Brian Lee W M 08/14/69

Name Last First Middle Race Sex Date of Birth

Home Address (Street, Apartment Number) Tampa City FL State 33610 Zipcode 9872555 Phone

8222 Hwy 301 N. Business Address (Street, Apartment Number)

☐ STATUS Last First Middle Race Sex Date of Birth

Home Address (Street, Apartment Number) City State Zipcode Phone

Business Address (Street, Apartment Number)

☐ STATUS Last First Middle Race Sex Date of Birth

Home Address (Street, Apartment Number) City State Zipcode Phone

Business Address (Street, Apartment Number)

☐ STATUS Last First Middle Race Sex Date of Birth

Home Address (Street, Apartment Number) City State Zipcode Phone

Business Address (Street, Apartment Number)

☐ STATUS Last First Middle Race Sex Date of Birth

Home Address (Street, Apartment Number) City State Zipcode Phone

Business Address (Street, Apartment Number)

☐ STATUS Last First Middle Race Sex Date of Birth

Home Address (Street, Apartment Number) City State Zipcode Phone

Business Address (Street, Apartment Number)

Cpl. TED AYON 02/02/06

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OWAD-00636-06

IN THE COUNTY CRIMIN. . COURT OF THE THIRTEENTH JUDI AL CIRCUIT
IN AND FOR HILLSBOROUGH COUNTY, STATE OF FLORIDA

STATE OF FLORIDA
vs
BETH SHAYNA GOLDBERG

CASE NUMBER: 06-CM-002896
DIVISION: A

ORDER WITHHOLDING ADJUDICATION

PARTIES IN ATTENDANCE:
BETH SHAYNA GOLDBERG , DEFENDANT 1

CHARGE(S)
COUNT 1 TRESPASS IN OCCUPIED STRUCTURE OR CONVEYANCE

PLEA
COUNT 1 NOLO-CONTENDERE PLEA

THE COURT WITHHOLDS ADJUDICATION OF GUILT being satisfied that said Plea listed above, if applicable, is entered voluntarily and with understanding of the consequences, and that there is a factual basis to accept it.

TOTAL COSTS:
COUNT 1 $185.00

SENTENCE If Probation is Ordered the conditions are outlined on a separate written Order prepared by Salvation Army Corrections.

DONE AND ORDERED in open court in TAMPA Hillsborough County, Florida on FEBRUARY 27, 2006.

STATE OF FLORIDA)
COUNTY OF HILLSBOROUGH)
THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THIS PAGE ONLY ON FILE IN MY OFFICE. WITNESS MY HAND AND OFFICIAL SEAL THIS 02 DAY OF March, 20 06
CLERK OF CIRCUIT COURT
BY DEPUTY CLERK

JAMES V DOMINGUEZ
COUNTY COURT JUDGE

MDG

CERTIFICATE OF SERVICE

I, PAT FRANK, Clerk of the Circuit and County Court of the County of Hillsborough, State of Florida, having by law the custody of the seal and all records, books, documents and papers of or appertaining to the County Court, do hereby certify that a true and correct copy has been hand delivered or mailed to the State and the Defense Attorney.

IN WITNESS WHEREOF, I have hereunto set my hand and seal of said County Court, this the 02 day of MARCH , 2006.

PAT FRANK
As Clerk of Circuit and County Court

& Deputy Clerk
ounty Criminal Division

- End of Order Witholding Adjudication -

CIRCUIT COURT CLERK HILLSBOROUGH COUNTY

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Osteopathic Un
JUL 28 2020

Board of Speech-Language Pathology and Audiology
VERIFICATION OF EMPLOYMENT
FOR A PROVISIONAL LICENSEE

Instructions: The applicant is to complete Section 1. The supervisor completes Sections 2 - 3 and returns the form to the Board office at the address listed below. Note- this form is not to be used by applicants for assistant certification.

File# 10220

SECTION 1: (completed by provisional license applicant)

Applicant Name: Beth S. Tetelbaum

Check one: X Speech-Language Pathology Audiology

SECTION 2: (completed by supervisor)

Supervisor's Name: Rachel Lebovics Business Phone: 561-994-6590

License Number: SA 11142 X Speech-Language Pathology Audiology

Practice Location Address: 551 NW 77 Street Suite 111 Boca Raton, FL 33487

Name of office or agency where experience will take place: Speech Rehab Services LLC

SECTION 3: (signed by supervisor)

I understand that pursuant to Section 468.1155(1), F.S., a provisional license is required prior to the above named applicant initiating the professional employment experience.

I certify that the professional employment shall include assessment, habilitation and rehabilitation activities with the clients; the activities performed by the provisional licensee shall be monitored and evaluated by an individual with an active license in the same area for which provisional licensure is being sought.

I hereby acknowledge that I have read Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules.

I certify that the above information is true and correct to the best of my knowledge.

Supervisor's Signature Date 7/21/20

DH-SPA-2A Revised 10/12 Reference 64B20-2.003(4)

Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C06, Tallahassee, FL 32399-3256
Telephone: (850) 245-4161

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

July 13, 2020

Beth S Tetelbaum
Apt 1009 20100 W. Country Club Dr.
Aventura, FL 33180

File Number: 10220

Dear Ms. Tetelbaum :

This is to acknowledge the receipt of your application for Provisional Licensure as a Pathologist by the Board of Speech-Language Pathology and Audiology. Your application is incomplete. The following item(s) must be received in order to complete your application:

The Confidential and Exempt Public Records Disclosure form was omitted from your application. This form is required prior to the issuance of your license. Please complete the enclosed form and return to the Board of Speech-Language Pathology and Audiology 4052 Bald Cypress Way, Bin C-06, Tallahassee, FL 32399 - 3256.

Provide arrest reports for all disqualifying offenses. You may obtain these documents by contacting the arresting agency. If documents are not available due to record retention policies, have the arresting agency provide you with a letter, on their letterhead, stating there is no information available.

Verification of Employment. Have the supervising Florida licensed speech-language pathologist complete the verification of employment form and mail it to the Board to the address above.

You must provide all available court dispositions, regardless of adjudication, to show the outcome of each case. Court documents can be obtained from the Clerk of the Court in the jurisdiction where the offense occurred. If documents are not available due to record retention policies, have the Clerk of Court provide you with a letter, on their letterhead, stating there is no information available.

Have the university mail a transcript that reflects the Master's degree awarded to the Board to the address above.

Please mail all documentation to the Florida Board of Speech-Language Pathology & Audiology, 4052 Bald Cypress Way, Bin C06, Tallahassee, FL 32399-3256. If you are required to send any money please send it to P.O. Box 6330, Tallahassee, FL 32314-6330. Please include your file number on all correspondence.

Florida Department of Health
Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256
PHONE: (850)245-4444 • FAX : (850) 850-921-6184

You can now follow the progress of your application if you have registered on the website at: http://ww2.doh.state.fl.us/mqaservices/login.asp. If we require further documentation or information to process your application, this will also be viewable.

Please be advised pursuant to Section 456.013(1)(a), Florida Statutes all incomplete applications will expire one year after the initial filing of the application with the Department. Your application was received on **07/08/2020** and will expire one year from this date if not completed.

If you have any questions regarding this information you may contact our office at (850) 488-0595 or by email at info@floridasspeechaudiology.gov

Sincerely,

Dontae Moore
Regulatory Specialist
Florida Board of Speech-Language
Pathology and Audiology

From:	Frederick Rahe
To:	Peace, Christa
Subject:	Re: Please review application file Telelbaum 10220
Date:	Thursday, September 17, 2020 1:23:16 PM
Attachments:	Application Review Form -SLPA Tetelbaum10220.pdf

---

Here is my Application Review on Beth Tetelbaum.
Regards,
Fred Rahe

On Wednesday, September 16, 2020, 03:27:29 PM EDT, Peace, Christa <christa.peace@flhealth.gov> wrote:

A link to review the password protected application file for Beth Tetelbaum has been sent to you.

The file is being sent to you because applicant answered yes to the criminal history question. The documentation for the offense was provided with the application file.

Please complete and return the attached review form.

The 90-day limit expires 11/3/2020

Thank you in advance.

Christa Peace
Regulatory Specialist III
Department of Health/MQA/HCPR
Board of Acupuncture,
Board of Osteopathic Medicine,
Board of Speech-Language Pathology & Audiology
Direct Line (850) 617-1964
Direct Fax (850) 921-6184
Christa.peace@flhealth.gov

How am I communicating? Please contact my supervisor at Carol Taylor with any questions or concerns to comment on my customer service.

Mission: To protect and promote the health of all people in Florida through integrated state, county, & community efforts.
Vision: To be the **Healthiest State** in the Nation
Values: **I**nnovation: We search for creative solutions and manage resources wisely.
Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.
Responsiveness: We achieve our mission by serving our customers & engaging our partners.
Excellence: We promote quality outcomes through learning & continuous performance improvement.

Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

PLEASE NOTE: *Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.*

From: Peace, Christa
To: "Frederick Rahe"
Subject: Please review application file Telelbaum 10220
Date: Wednesday, September 16, 2020 3:27:21 PM
Attachments: Application Review Form -SLPA Tetelbaum10220.docx

---

A link to review the password protected application file for Beth Tetelbaum has been sent to you.

The file is being sent to you because applicant answered yes to the criminal history question. The documentation for the offense was provided with the application file.

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Thank you in advance.

Christa Peace

Regulatory Specialist III

Department of Health/MQA/HCPR

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From: Peace, Christa
To: rahefred@bellsouth.net
Subject: Peace, Christa shared "Beth Tetelbaum" with you.
Date: Wednesday, September 16, 2020 3:24:21 PM
Attachments: AttachedImage
AttachedImage
AttachedImage
AttachedImage

Please review application-applicant answered yes to the criminal history question. The documentation for the offense was provided with the application file.

This link only works for the direct recipients of this message.

Beth Tetelbaum

Open

Florida HEALTH

Microsoft OneDrive

Sender will be notified when you open this link for the first time.

Microsoft respects your privacy. To learn more, please read our Privacy Statement.
Microsoft Corporation, One Microsoft Way, Redmond, WA 98052

From:	Peace, Christa
To:	"BST15B@MY.FSU.EDU"
Subject:	Board Notification
Date:	Friday, September 18, 2020 11:29:12 AM
Attachments:	Beth Tetelbaum.pdf

Your application will be reviewed at the October 23, 2020, Board of Speech-Language Pathology & Audiology video/teleconference meeting. You are required to attend the meeting. Please see the attached correspondence. Also, please let me if you will need a translator for the meeting.

Sincerely,

Christa Peace
Regulatory Specialist III
Department of Health/MQA/HCPR
Board of Acupuncture,
Board of Osteopathic Medicine,
Board of Speech-Language Pathology & Audiology
Direct Line (850) 617-1964
Direct Fax (850) 921-6184
Christa.peace@flhealth.gov

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therefore be subject to public disclosure.

September 18, 2020

Beth S. Tetelbaum
20100 W. Country Club Dr., Apt 1009
Aventura, FL 33180

File #10220

Dear Ms. Tetelbaum,

This letter concerns your Provisional Speech-Language Pathology application by (endorsement or evaluation of credentials) with the Florida Board of Speech-Language Pathology and Audiology. Your application will be presented to the Board of Speech-Language Pathology and Audiology for review and consideration at the next meeting. You are required attend the meeting.

Your application is being reviewed because you answered yes to the criminal history question.

The meeting is scheduled to take place at:

9:00 a.m., Friday, October 23, 2020
Please join from your computer,
tablet or smartphone.
https://global.gotomeeting.com/join/381000533
You can also dial in using your phone.
United States (Toll Free): 1-866-899-4679
Access Code: 381-000-533

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board**. We appreciate your continued cooperation and assistance.

456.013(3)(c), Florida Statutes - In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied

If you have any additional questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

Christa Peace

Christa Peace
Regulatory Specialist III
Speech-Language Pathology & Audiology

DATE: September 18, 2020

TO: Frederick Rahe,
Vice Chair of Speech Language Pathology & Audiology

FROM: Christa Peace, Regulatory Specialist III

RE: Maigre Figueiras
File No:9941

Completion Date: 9/10/2020

Next Board Meeting Date: 10/23/2020

ISSUE: It is unclear if applicant met the education requirements for a provisional speech-language license in Florida. Applicant provided a copy of their credential evaluation.

Please review the following documents:

Application File
My review of the applicant's credentials reveals the following:
She does have at least 36 hours of graduate level Speech Pathology coursework. She has, in fact, 46 total hours of Speech Pathology coursework in her Masters degree program. However, I cannot verify a total of 75 hours overall.

She does have an additional 13.5 hours in post-graduate Certificate studies in Dysphagia and Myofunctional Therapy. I am unclear as to whether this coursework is Graduate or Undergraduate level, or more in the form of continuing education. If these hours were applicable, it would only bring her to 59.5 hours.

She apparently has a Bachelors degree in Psychology. Some of those hours may be applicable, but we would have to review the transcripts first.

[ ] Approved with No Further Review by the Full Board

[ ] Not Approved, Review by the Full Board

[X] Not Approved Board Appearance Required

Frederick Rahe, Au.D. *9/23/20*

Signature Date

Maigre Figueiras Transcripts

Masters in Speech Pathology	Credit Hours
ORL Applied to Land Dis Rehab	3
Neuroanatomy	2
Language Evolution	3.5
Language Insights	3.5
Phonetic	3.5
Neuropsychology	2
Speech Disorders	3.5
Lang. & Speech Disorders	2
Aphasias Rehabillitation	2
Cerebral Palsy	2
Mental Deficiencies	2
Phoniatry	2
Hearing Aid Prosthesis	1
Psychosis & Autism	1
Auditory Deficits	2
Written Language Disorders	2
Case Studies	9
Total Hours	**46**

Post Graduate Certificate in	**Myofunctional Therapy Technician**
Anat & Funct Orofacial Basis	1
Deglutition Disorders, Dysphagia	1
Mouth Breather Syndrome	1
Keys to Myofunctional Therapy	1
Myofunctional program in Newborns	1
Speech Tx Tech. Intell. Disability	1
Speech Tx Cerebral Palsy	1
Intervention Cleft Lip & Palate	1
Stroke Therapy	1
Therapy Laryngectomy	1
Total Hours	**10**

Postgraduate Certificate in	**Clinical Sch & Lang-Dysphagia**
Anat & Funct Orofacial Basis	0.5
Deglutition and its Alterations	0.5
Diagnosis & Eval in Dysphagia	0.5
Pathology of Deglutition Act	0.5
Dysphagia Classifications	0.5
Functional Therapy of Dysphagia	0.5
Keys tpo Myofunctional Therapy	0.5
Total Hours	**3.5**

Sum of All Hours	**59.5**

FLORIDA | Board *of Speech-Language Pathology and Audiology*

APPLICATION SUMMARY

FIGUEIRAS, MAIGRE

Profession Code – 3005

File Number: 9941

Application Received: 02/09/2020

Application Completion Date: 09/10/2020

EDUCATION

Maigre Filgueiras submitted a provisional speech-language pathologist application on February 9, 2020. Ms. Filgueiras has foreign education. She graduated from Instituto Superior De Estudios Psicologicos (ISEP) he master's degree was received 2019. According to the rule Ms. Filgueiras need 75 semester hours. Based on the information provided, the 75 semester hours, 36 hours earned at the graduate level could not be verified, according to 64B20-2.002 (1) (b) Educational Requirements.

Supplemental Documents

Application
Evaluation from Validential Credentialing Agency
Verification of Clock 300 Clock Hours
Verification of Employment Form
Deficiency Letter
Chapter 468.1155, Florida Statutes
64B20-2.002 Florida Administrative Code

468.1155 Provisional license; requirements.—
(1)(a) A provisional license shall be required of all applicants for a license in speech-language pathology who cannot document a minimum of 9 months of supervised professional employment experience and a passing score on the national examination. A provisional license shall be required of all applicants for a license in audiology who cannot document a minimum of 11 months of supervised clinical experience and a passing score on the national examination.

(b) Individuals who are required to hold a provisional license under paragraph (a) shall apply to the department and be certified by the board for licensure prior to initiating the professional employment experience required pursuant to s. 468.1165.

(2) The department shall issue a provisional license to practice speech-language pathology to each applicant who the board certifies has:

(a) Completed the application form and remitted the required fees, including a nonrefundable application fee.

(b) Received a master's degree or has completed the academic requirement of a doctoral degree program with a major emphasis in speech-language pathology from an institution of higher learning that is, or at the time the applicant was enrolled and graduated was, accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education, or from an institution that is a member in good standing with the Association of Universities and Colleges of Canada. An applicant who graduated from or is currently enrolled in a program at a university or college outside the United States or Canada must present documentation of the determination of equivalency of the program to standards established by an accrediting body recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education in order to qualify.

1. The applicant must have completed the program requirements by academic course work, practicum experience, or laboratory or research activity, as verified by the program, including:

a. Knowledge of basic human communication and swallowing processes, including their biological, neurological, acoustic, psychological, developmental, and linguistic and cultural bases.

b. Knowledge of the nature of speech, language, hearing, and communication disorders and differences and swallowing disorders, including their etiologies, characteristics, anatomical or physiological, acoustic, psychological, developmental, and linguistic and cultural correlates, voice and resonance, including respiration and phonation, receptive and expressive language in speaking, listening, reading, writing, and manual modalities, hearing, including the impact on speech and language, swallowing, cognitive aspects of communication, social aspects of communication, and communication modalities.

c. Knowledge of the principles and methods of prevention, assessment, and intervention for people having communication and swallowing disorders, including consideration of anatomical or physiological, psychological, developmental, and linguistic and cultural correlates of the disorders, articulation, fluency, voice and resonance, receptive and expressive communication, hearing, swallowing, cognitive aspects of communication, social aspects of communication, and communication modalities.

2. The program must include appropriate supervised clinical experiences.

The board may waive the requirements for education, practicum, and professional employment experience for an applicant who received a professional education in another country if the board is satisfied that the applicant meets the equivalent education and practicum requirements and passes the examination in speech-language pathology.

(3) The department shall issue a provisional license to practice audiology to each applicant who the board certifies has:

(a) Completed the application form and remitted the required fees, including a nonrefundable application fee.

(b) Effective January 1, 2008, earned a doctoral degree in audiology, but has not passed the license examination required for a license in audiology or has completed the academic requirements of a doctoral degree program with a major emphasis in audiology from an institution of higher learning that is, or at the time the applicant was enrolled and graduated was, accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education, or from an institution that is a member in good standing with the Association of Universities and Colleges of Canada. An applicant who graduated from or is currently enrolled in a program at a university or college outside the United States or Canada must present documentation of the determination of equivalency of the program to standards established by an accrediting body recognized by the Council for Higher Education Accreditation or its successor or the United States Department of Education in order to qualify.

1. The program must assure that the student obtained knowledge of foundation areas of basic body systems and processes related to hearing and balance.

2. The program must assure that the student obtained skills for the diagnosis, management, and treatment of auditory and vestibular or balance conditions and diseases.

3. The program must assure that the student can effectively communicate with patients and other health care professionals.

4. The program must assure that the student obtained knowledge of professional ethical systems as they relate to the practice of audiology.

5. The program must assure that the student obtained clinical experiences that encompass the entire scope of practice and focus on the most current evidence-based practice.

The board may waive the education, practicum, and professional employment experience requirements for an applicant who received a professional education in another country if the board is satisfied that the applicant meets equivalent education and practicum requirements and passes the examination in audiology.

(4) The board, by rule, shall establish requirements for the renewal of a provisional license. However, a provisional license may not exceed a period of 24 months.

History.—ss. 6, 31, ch. 90-134; s. 21, ch. 90-341; ss. 1, 10, ch. 90-345; s. 4, ch. 91-429; s. 102, ch. 92-149; s. 25, ch. 94-310; s. 113, ch. 97-264; s. 127, ch. 99-397; s. 114, ch. 2001-277; s. 1, ch. 2006-83; s. 16, ch. 2014-18.4

64B20-2.002 Educational Requirements.

(1) Candidates for licensure or provisional licensure as a speech-language pathologist shall submit to the Board an official transcript or transcripts to evidence the receipt of a masters degree or has completed the academic requirements of a doctoral program with a major emphasis in speech-language pathology, including supervised clinical practicum experience.

(a) Applicants enrolled in an approved program prior to January 5, 2005, shall have completed a minimum of 60 semester hours (at least 36 hours must be earned in graduate level courses). Applicants enrolled in an approved program after January 5, 2005, shall have completed a minimum of 75 semester hours (at least 36 hours earned at the graduate level). An approved program must address the areas of knowledge and skill set forth in Section 468.1155(2)(b), F.S. Approved supervised clinical practicum experiences require completion of at least 300 clock hours of supervised experience, with at least 200 of the 300 hours in the area of speech-language pathology.

(b) The master's or doctoral degree must be conferred by an institution of higher learning which, at the time the applicant was enrolled and graduated, was accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or from an institution which is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada. If the transcript submitted pursuant to this section does not, at the time it is submitted, reflect that the applicant has a master's degree, the Board will not accept the transcript as evidence of such degree unless it is accompanied by Form SPA-2D, Certification of Conferral of Master's Degree, which is incorporated herein by reference, effective 3-16-94. An applicant for licensure based on a doctoral program must submit Form SPA-0002E, Certification of Completing Academic Requirements of Doctoral Program, which is incorporated herein by reference, effective 8-4-03, with a transcript. The forms incorporated by reference in this paragraph can be obtained from the Board of Speech-Language Pathology and Audiology, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399-3256.

(c) An applicant who graduated from a program or is currently enrolled in a program at a university or college outside of the United States or Canada shall present documentation of the determination of equivalency to standards established by the Council for Higher Education Accreditation in order to qualify.

(2) Candidates for licensure or provisional licensure as an Audiologist shall submit to the Board an official transcript or transcripts to evidence the receipt of a doctoral degree with a major emphasis in audiology, from an institution of higher learning which, at the time the applicant was enrolled and graduated, was accredited by an accrediting agency recognized by the Council for Higher Education Accreditation or its successor, the United States Department of Education, or from an institution that is a member in good standing with the Association of Universities and Colleges of Canada.

(a) Applicants who earn a doctoral degree from an approved program conferred before January 1, 2008, shall have completed 60 semester hours, of which 24 semester hours must be in audiology.

(b) Applicants who earn a doctoral degree from an approved program conferred after January 1, 2008, shall have completed 75 semester hours.

(c) An approved program must address the areas of knowledge and skill set forth in Section 468.1155(2)(b), F.S. Approved supervised clinical practicum experiences require completion of at least 300 clock hours of supervised experience, with at least 200 of the 300 hours in the area of audiology.

(d) An applicant who graduated from or is currently enrolled in a program at a university or college outside of the United States or Canada shall present documentation of the determination of equivalency to standards established by the Council for Higher Education Accreditation in order to qualify.

Rulemaking Authority 468.1135(4) FS. Law Implemented 468.1155, 468.1185 FS. History–New 3-14-91, Formerly 21LL-2.002, Amended 11-15-93, 3-16-94, Formerly 61F14-2.002, 59BB-2.002, Amended 8-4-03, 2-14-07.

CONFIDENTIAL AND EXEMPT MATERIALS

One or more pages have been removed from this document for security reasons

Scroll down to see the available pages or advance to the next document if all pages have been removed.

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be furnished.—

10)(a)All patient records obtained by the department and any other documents maintained by the department which identify the patient by name are confidential and exempt from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The records shall not be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate board.

CONFIDENTIAL AND EXEMPT MATERIALS

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File # 9941
3681629

OSTEOPATHIC UNIT
MAR 02 2020
RECEIVED

Board of Speech-Language Pathology and Audiology
VERIFICATION OF EMPLOYMENT FOR A PROVISIONAL LICENSEE

Instructions: The applicant is to complete Section 1. The supervisor completes Sections 2 - 3 and returns the form to the Board office at the address listed below. Note- this form is not to be used by applicants for assistant certification.

SECTION 1: (completed by provisional license applicant)

Applicant Name: Maigre Filgueiras

Check one: ✓Speech-Language Pathology Audiology

SECTION 2: (completed by supervisor)

Supervisor's Name: Marta Daysi Martinez Business Phone: (786) 410-5839

License Number: SA11996 ✓Speech-Language Pathology Audiology

Practice Location Address: 1845 NE 8th Street Homestead, FL 33033

Name of office or agency where experience will take place: Bilingual Speech & Language Therapy

SECTION 3: (signed by supervisor)

I understand that pursuant to Section 468.1155(1), F.S., a provisional license is required prior to the above named applicant initiating the professional employment experience.

I certify that the professional employment shall include assessment, habilitation and rehabilitation activities with the clients; the activities performed by the provisional licensee shall be monitored and evaluated by an individual with an active license in the same area for which provisional licensure is being sought.

I hereby acknowledge that I have read Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules. I understand that it is my responsibility to keep informed of any changes to Chapter 468, Part I, F.S., Chapter 456, F.S. and related rules.

I certify that the above information is true and correct to the best of my knowledge.

Supervisor's Signature Date 02/27/2020

DH-SPA-2A Revised 10/12 Reference 64B20-2.003(4)

Board of Speech-Language Pathology and Audiology
4052 Bald Cypress Way, Bin C06, Tallahassee, FL 32399-3256
Telephone: (850) 245-4161

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

February 13, 2020

Maigre Filgueiras
12849 SW 224th Street
Miami, FL 33170

File Number: 9941

Dear Ms. Filgueiras:

This is to acknowledge the receipt of your application for Provisional Licensure as a Pathologist by the Board of Speech-Language Pathology and Audiology. Your application is incomplete. The following item(s) must be received in order to complete your application:

> Graduates of schools outside of the United States must have their foreign transcripts translated into English and evaluated by an approved Evaluating Credentialing Agency. Please contact http://naces.org/ for a list of approved agencies. Please have them mail the documents that was used to complete the evaluation along with the evaluation
>
> Verification of Employment. Have the supervising Florida licensed speech-language pathologist complete the verification of employment form and mail it to the Board to the address below.

Please mail all documentation to the Florida Board of Speech-Language Pathology & Audiology, 4052 Bald Cypress Way, Bin C06, Tallahassee, FL 32399-3256. If you are required to send any money please send it to P.O. Box 6330, Tallahassee, FL 32314-6330. Please include your file number on all correspondence.

You can now follow the progress of your application if you have registered on the website at: http://ww2.doh.state.fl.us/mqaservices/login.asp. If we require further documentation or information to process your application, this will also be viewable.

Please be advised pursuant to Section 456.013(1)(a), Florida Statutes all incomplete applications will expire one year after the initial filing of the application with the Department. Your application was received on **02/09/2020** and will expire one year from this date if not completed.

If you have any questions regarding this information you may contact our office at (850) 488-0595 or by email at info@floridasspeechaudiology.gov

Sincerely,

Rose Burney

Rose Burney, CSPM
Regulatory Specialist II
Florida Board of Speech-Language
Pathology and Audiology

Florida Department of Health
Division of Medical Quality Assurance • Bureau of HCPR
4052 Bald Cypress Way, Bin C06 • Tallahassee, FL 32399-3256
PHONE: (850)245-4444 • FAX : (850) 850-921-6184

From:	Frederick Rahe
To:	Peace, Christa
Subject:	Re: Please review application file Figueiras 9941
Date:	Wednesday, September 23, 2020 9:56:49 AM
Attachments:	Application Review Form -SLPA Figueiras9941.pdf

Attached please find my Application Review for Maigre Figueiras. I am recommending a Board appearance as there are some issues requiring explanation.

Regards,
Fred Rahe

On Friday, September 18, 2020, 11:50:34 AM EDT, Peace, Christa <christa.peace@flhealth.gov> wrote:

A link to review the password protected application file for Maigre Figueiras has been sent to you.

The file is being sent to you because it is unclear if applicant met the education requirements for Provisional Speech-Language license in Florida. A copy of the credential evaluation was included was with the application file.

Please complete and return the attached review form.

The 90-day limit expires 12/10/2020

Thank you in advance.

Christa Peace

Regulatory Specialist III

Department of Health/MQA/HCPR

Board of Acupuncture,

Board of Osteopathic Medicine,

Board of Speech-Language Pathology & Audiology

Direct Line (850) 617-1964
Direct Fax (850) 921-6184

Christa.peace@flhealth.gov

How am I communicating? Please contact my supervisor at Carol Taylor with any questions or concerns to comment on my customer service.

Mission: To protect and promote the health of all people in Florida through integrated

state, county, & community efforts.
Vision: To be the **Healthiest State** in the Nation
Values: **I**nnovation: We search for creative solutions and manage resources wisely.
Collaboration: We use teamwork to achieve common goals & solve problems.
Accountability: We perform with integrity & respect.
Responsiveness: We achieve our mission by serving our customers & engaging our partners.
Excellence: We promote quality outcomes through learning & continuous performance improvement.
Purpose: To protect the public through health care licensure, enforcement and information.
Focus: To be the nation's leader in quality health care regulation.

PLEASE NOTE: *Florida has a very broad public records law. Most written communications to or from State officials regarding State business are public records available to the public and media upon request. Your email communications may therefore be subject to public disclosure.*

From: SharePoint Online
To: Peace, Christa
Subject: The link to "Maigre Figueiras" was successfully used
Date: Wednesday, September 23, 2020 9:08:43 AM
Attachments: e4d1f2ff-58e2-4c73-ab2c-c963279a8d64
04cff57b-06e9-4651-9f9f-75ee8ff7f7d6
aabbbc2a-ffa5-4899-b1aa-ae64f16fa16c

The link you sent to "Maigre Figueiras" was clicked!

If this is unexpected, you can open your document and manage its sharing permissions by clicking here.

This link only works for the direct recipients of this message.

Maigre Figueiras

Open

Microsoft OneDrive

Microsoft respects your privacy. To learn more, please read our Privacy Statement.
Microsoft Corporation, One Microsoft Way, Redmond, WA 98052

Notification Settings

September 23, 2020

Maigre Filgueiras
12849 SW 224th St
Miami, FL 33170

File #9941

Dear Ms. Filgueiras:

This letter concerns your Provisional Speech-Language Pathology application by (endorsement or evaluation of credentials) with the Florida Board of Speech-Language Pathology and Audiology. Your application will be presented to the Board of Speech-Language Pathology and Audiology for review and consideration at the next meeting. You are not required attend the meeting.

Your application is being reviewed because based on the information provided, the hours earned at the graduate level could not be verified, according to 64B20-2.002 (1) (b) Educational Requirements.

The meeting is scheduled to take place at:

9:00 a.m., Friday, October 23, 2020
Please join from your computer,
tablet or smartphone.
https://global.gotomeeting.com/join/381000533
You can also dial in using your phone.
United States (Toll Free): 1-866-899-4679
Access Code: 381-000-533

Appearance cases will be heard at approximately 9:00 am. **It is not possible to give you the exact time that your case will be reviewed by the Board**. We appreciate your continued cooperation and assistance.

If you have any additional questions, you may contact the board office at the address listed below, or by telephone at (850) 245-4161.

Sincerely,

Christa Peace

Christa Peace
Regulatory Specialist III
Speech-Language Pathology & Audiology

From: Peace, Christa
To: "maigrefil@hotmail.com"
Subject: Board Notification
Date: Wednesday, September 23, 2020 12:59:24 PM
Attachments: Maigre Filguerias 9941.pdf

Greeting,

Your application will be reviewed at the October 23, 2020, Board of Speech-Language Pathology & Audiology video/teleconference meeting. You are required to attend the meeting. Please see the attached correspondence. Also, please let me if you will need a translator for the meeting.

Sincerely,

Christa Peace
Regulatory Specialist III
Department of Health/MQA/HCPR
Board of Acupuncture,
Board of Osteopathic Medicine,
Board of Speech-Language Pathology & Audiology
Direct Line (850) 617-1964
Direct Fax (850) 921-6184
Christa.peace@flhealth.gov

How am I communicating? Please contact my supervisor at Carol Taylor with any questions or concerns to comment on my customer service.

Mission: To protect and promote the health of all people in Florida through integrated state, county, & community efforts.
Vision: To be the **Healthiest State** in the Nation
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From: Maigre Filgueiras
To: Peace, Christa
Subject: Re: Board Notification
Date: Wednesday, September 23, 2020 3:33:08 PM

Good afternoon,

Thank you, no I will not need an interpreter I speak fluent English. I will be present for the meeting on October 23rd.

Thank you

Sent from my iPhone

> On Sep 23, 2020, at 1:00 PM, Peace, Christa <Christa.Peace@flhealth.gov> wrote:
>
> Greeting,
>
> Your application will be reviewed at the October 23, 2020, Board of Speech-Language Pathology & Audiology video/teleconference meeting. You are required to attend the meeting. Please see the attached correspondence. Also, please let me if you will need a translator for the meeting.
>
> Sincerely,
>
> *Christa Peace*
> Regulatory Specialist III
> Department of Health/MQA/HCPR
> Board of Acupuncture,
> Board of Osteopathic Medicine,
> Board of Speech-Language Pathology & Audiology
> Direct Line (850) 617-1964
> Direct Fax (850) 921-6184
> Christa.peace@flhealth.gov
>
> *How am I communicating? Please contact my supervisor at Carol Taylor with any questions or concerns to comment on my customer service.*
>
> <image001.jpg>
>
> **Mission:** To protect and promote the health of all people in Florida through integrated state, county, & community efforts.

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<Maigre Filguerias 9941.pdf>

MQA Reports
New License Report for 3001 : Speech-Language Pathologist
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:00:21PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	18061	07/01/2020	Williams	Kelli	Elizabeth		[redacted]				
SA	18062	07/02/2020	Pirson	Rylee							
SA	18063	07/02/2020	Carbaugh	Caley							
SA	18064	07/02/2020	Anderson	Katrina	Lyn						
SA	18065	07/02/2020	Baztan	Vanessa	Marie						
SA	18066	07/02/2020	David	Patricia							
SA	18067	07/02/2020	Johnson	Jaycelin	N						
SA	18068	07/02/2020	Kapaun	Wanda	Anne						
SA	18069	07/02/2020	Jones	Chelsea	Elizabeth						
SA	18070	07/05/2020	Arevalo	Doruthy	Asuncion						
SA	18071	07/05/2020	Dyer	Alexandra							
SA	18072	07/05/2020	Bryant	Samantha	Christine Mccravy						
SA	18073	07/06/2020	Rizzo	Toniann	Celeste						
SA	18074	07/06/2020	Baldwin	Jesse	Rebekah						
SA	18075	07/06/2020	Pena	Samantha							
SA	18076	07/06/2020	Mosher	Victoria	Ashley						
SA	18077	07/06/2020	Montcerisier	Celine							
SA	18078	07/06/2020	Iamarino	Jessica							

MQA Reports
New License Report for 3001 : Speech-Language Pathologist
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:00:21PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	18079	07/06/2020	Hall	Tiffany	Shivan		[redacted]				
SA	18080	07/06/2020	Davis	Stephen	Paul						
SA	18081	07/06/2020	Condon	Larita							
SA	18082	07/06/2020	Faircloth	Brooke							
SA	18083	07/06/2020	Reichardt	Vicki							
SA	18084	07/06/2020	Schreck	Shannon	Mahoney						
SA	18085	07/07/2020	Morales Solar	Maria	Antonia						
SA	18086	07/08/2020	Zolotnisky	Aleksandr a							
SA	18087	07/08/2020	Ennis	Brianne							
SA	18088	07/08/2020	Young	Lee Ann	Kennedy						
SA	18089	07/08/2020	Wolber	Emily							
SA	18090	07/08/2020	Turpin	Kelly							
SA	18091	07/08/2020	Feliciani	Samantha	Erin						
SA	18092	07/08/2020	Haslett	Sarah	Elizabeth						
SA	18093	07/08/2020	Halm	Laura							
SA	18094	07/09/2020	Griffin	Elise							

MQA Reports
New License Report for 3001 : Speech-Language Pathologist
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:00:21PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	18095	07/09/2020	Bagin	Ramie	Jean		[redacted]				
SA	18096	07/09/2020	Connolly	Christine	M						
SA	18097	07/09/2020	Fiser	Patricia	Marie						
SA	18098	07/10/2020	Ott	Amanda	Ruth						
SA	18099	07/10/2020	Kleinsmith	Heidi							
SA	18100	07/10/2020	Onorato	Dominique	E						
SA	18101	07/10/2020	Killane	Molly	G						
SA	18102	07/10/2020	Perez	Christina							
SA	18103	07/10/2020	Delk	Lorie	Sullivan						
SA	18104	07/13/2020	Semetko	Amanda	L						
SA	18105	07/13/2020	Sanfilippo	Maria							
SA	18106	07/14/2020	Hildebrand	Kori	Engler						
SA	18107	07/14/2020	Ary	Brittany							
SA	18108	07/14/2020	Schmalstig	Rebecca	Marie						
SA	18109	07/14/2020	Fix	Jessica	Anne						

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SA	18110	07/15/2020	Rabinowitz	Ann	Leah		[redacted]				
SA	18111	07/15/2020	Utter	Leanna							
SA	18112	07/15/2020	De Canto	Regina	Marie						
SA	18113	07/15/2020	Anaya	Lauren	Loriette						
SA	18114	07/15/2020	Dabbs	Lindsey	Taylor						
SA	18115	07/15/2020	Doherty	Brenna	Elise						
SA	18116	07/15/2020	Gonzalez	Karen	Andrea						
SA	18117	07/15/2020	Blair-Khayyat	Susan	Marie						
SA	18118	07/15/2020	Trease	Johnna							
SA	18119	07/16/2020	Yoss	Amanda	Halie						
SA	18120	07/16/2020	Akina	Courtney	Danielle						
SA	18121	07/16/2020	Flynn	Danielle							
SA	18122	07/16/2020	Sagastume	Robin							
SA	18123	07/16/2020	Swazo	Brigitte							
SA	18124	07/16/2020	Rzepka	Alexandria							
SA	18125	07/16/2020	Garzarek	Tayler							
SA	18126	07/16/2020	Ryan	Daria							
SA	18127	07/16/2020	Kearns	Danielle							
SA	18128	07/16/2020	Temple	Sarah	Nicole						

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SA	18129	07/16/2020	Cimorelli	Lisa			[redacted]				
SA	18130	07/16/2020	Evans	Kaylyn	Susanne						
SA	18131	07/17/2020	Perry	Rayshond a	Shonece						
SA	18132	07/17/2020	Ables	Melody	Joy						
SA	18133	07/17/2020	Diaz	Raymond							
SA	18134	07/17/2020	Dust	Holly							
SA	18135	07/17/2020	Constantino	Christoph er							
SA	18136	07/20/2020	Pruett	Stacy							
SA	18137	07/20/2020	Myers	Catherine	R						
SA	18138	07/20/2020	Main	Tara	Renae						
SA	18139	07/20/2020	Morgan	Emma							
SA	18140	07/20/2020	Kokenge	Carolina							
SA	18141	07/20/2020	Chou	Lauren							
SA	18142	07/20/2020	Owens	Caitlyn							
SA	18143	07/20/2020	Orsello	Heather	Dawn						
SA	18144	07/20/2020	Bales	Emily	Colangelo						

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SA	18145	07/20/2020	Pelt	Stephanie	Loyd		[redacted]				
SA	18146	07/20/2020	Cortero	Coreen Ann	Sergio						
SA	18147	07/20/2020	Neukirch	Maureen	Elaine						
SA	18148	07/21/2020	Zamora	Ingrid							
SA	18149	07/21/2020	Wallace	Skye	Alexis						
SA	18150	07/21/2020	Sisco	Madeline	Kelsey						
SA	18151	07/21/2020	Rosner	Nicole							
SA	18152	07/21/2020	Newberry	Emily							
SA	18153	07/21/2020	Casaudoumecq	Cynthia	Giselle						
SA	18154	07/22/2020	Krawczyk	Aleksandra							
SA	18155	07/22/2020	Welch	Ashley	Taylor						
SA	18156	07/22/2020	Katan	Ruth							
SA	18157	07/22/2020	Sanchez	Laura	Gabriella						
SA	18158	07/22/2020	Reaves	Tara							
SA	18159	07/22/2020	Sacco	Rebecca	Ann						
SA	18160	07/22/2020	Gencarella	Laura							

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SA	18161	07/22/2020	Blum	Kaitlyn	Joy		[redacted]				
SA	18162	07/22/2020	Cavenaugh	Amy							
SA	18163	07/23/2020	Morgan	Heather	Hare						
SA	18164	07/23/2020	Weill	Christina	Isela						
SA	18165	07/23/2020	Fleming	Tara	Kaitlyn						
SA	18166	07/23/2020	Appleby	Lauren							
SA	18167	07/24/2020	Camilo	Rachel	Briana						
SA	18168	07/24/2020	Hike	Rachel	Ann						
SA	18169	07/24/2020	Jonfe-Quinto	Melissa							
SA	18170	07/27/2020	Snyder	Chelsea							
SA	18171	07/27/2020	Koski	Kassandra	Lynn						
SA	18172	07/28/2020	Molano	Ana	M						
SA	18173	07/28/2020	Sardo	Lauren	M						
SA	18174	07/28/2020	Oliver	Catherine	Clark						
SA	18175	07/28/2020	Eshelman	Lindsey							
SA	18176	07/28/2020	Hammer	Alexandra							
SA	18177	07/28/2020	Bart	Julie	C						
SA	18178	07/28/2020	Brisbane	Danielle							

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SA	18179	07/28/2020	Castillo	Molly			[redacted]				
SA	18180	07/29/2020	Anderson	Amber	Rae						
SA	18181	07/29/2020	Agosta Rotunda	Teresa	Black						
SA	18182	07/29/2020	Jones	Shantrice							
SA	18183	07/29/2020	Chiarello	Susan	Mary						
SA	18184	07/29/2020	Beeley	Kendra							
SA	18185	07/29/2020	Hunerberg	Mariel	Desiree						
SA	18186	07/29/2020	Gress	Kelsey							
SA	18187	07/29/2020	Nowicki	Stacy							
SA	18188	07/30/2020	Mesa	Samantha							
SA	18189	07/30/2020	Wacaster	Elizabeth	S						
SA	18190	07/30/2020	Mcintyre	Lynn	M						
SA	18191	07/30/2020	Mora	Samantha							
SA	18192	07/30/2020	Errante	Emily	Michelle						
SA	18193	07/31/2020	Indri	Alyssa	Skye						
SA	18194	07/31/2020	Ashraf	Shana	Roxanne						
SA	18195	07/31/2020	Campo-Jimenez	Ana	J.						

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SA	18196	08/02/2020	Casanas Izquierdo	Liz	C		[redacted]				
SA	18197	08/02/2020	Descardes	Joannie							
SA	18198	08/02/2020	Filer	Kate	C						
SA	18199	08/02/2020	Flores	Courtney							
SA	18200	08/03/2020	Riddick	Darian	Paige						
SA	18201	08/03/2020	Neuenfeldt	Erin							
SA	18202	08/03/2020	Marsh	Erin	Nicole						
SA	18203	08/03/2020	Keiffert	Lydia							
SA	18204	08/03/2020	Levi	Tori	Hannah						
SA	18205	08/03/2020	Borden	Ericka	J						
SA	18206	08/03/2020	Andersen	Angela	Marcie						
SA	18207	08/03/2020	Drummond	Tameka							
SA	18208	08/03/2020	Beauplan	Jenie							
SA	18209	08/04/2020	Tolson	Sara	K						
SA	18210	08/05/2020	Gwin	Ashley	Taylor						
SA	18211	08/05/2020	Schultz	Chelsea							
SA	18212	08/05/2020	Bootcheck	Sarah	Kathryn			South Florida			

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SA	18213	08/06/2020	Krumholz	Kelsey	Rose		[redacted]				
SA	18214	08/06/2020	Pena	Yanetsy							
SA	18215	08/06/2020	Summerford	Elizabeth	Carolyn						
SA	18216	08/06/2020	Adams	Tara	K						
SA	18217	08/06/2020	Goodman	Jillian	Nicole						
SA	18218	08/06/2020	Alea	Kathryn	Genevieve						
SA	18219	08/06/2020	Aponte	Diana							
SA	18220	08/07/2020	Miller	Sara	Coates						
SA	18221	08/07/2020	Milian	Anny							
SA	18222	08/09/2020	Havertz	Jamie							
SA	18223	08/09/2020	Bradley	Jenna							
SA	18224	08/09/2020	Davidson	Jodie							
SA	18225	08/09/2020	Callender	Maya							
SA	18226	08/10/2020	Rodriguez	Darien	Gizela						
SA	18227	08/10/2020	Tansey	Ellen	F						
SA	18228	08/10/2020	Madsen	Keri	Marie						

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SA	18229	08/11/2020	Schaefer	Katelyn			[redacted]				
SA	18230	08/11/2020	Lockhart	Shannon	Leigh						
SA	18231	08/11/2020	Scola	Andrea							
SA	18232	08/12/2020	Vavrock	Lauren							
SA	18233	08/12/2020	Sullivan	Natalie	Jean						
SA	18234	08/12/2020	Zelinka	Susan	K.						
SA	18235	08/12/2020	Vaughan	Lauren	Emily						
SA	18236	08/12/2020	Wagster	Adrienne	Kathleen						
SA	18237	08/12/2020	Rosenfarb	Laurie	Anne						
SA	18238	08/12/2020	Somerstein	Lindsay							
SA	18239	08/12/2020	Thompson	Lauren							
SA	18240	08/13/2020	Vaughn-Patterson	Mayumi	Sembrano						
SA	18241	08/13/2020	Palmer	Renee							
SA	18242	08/13/2020	Marencin	Nancy	Christine						
SA	18243	08/13/2020	Questell	Julie							
SA	18244	08/13/2020	Suveg	Jaclyn							
SA	18245	08/14/2020	Seasholtz	Ciera	Elaine						
SA	18246	08/16/2020	Del Valle	Yanelle							

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SA	18247	08/16/2020	Garcia	Sarahy			[redacted]				
SA	18248	08/16/2020	Failey	Stephanie	Rebecca						
SA	18249	08/16/2020	Wadsworth	Paige							
SA	18250	08/17/2020	Almeida	Naiceli							
SA	18251	08/18/2020	Lind	Lacey							
SA	18252	08/18/2020	Behrsin	Brooke							
SA	18253	08/18/2020	Drake	Anissa	Khouri						
SA	18254	08/18/2020	Arin	Ludmila							
SA	18255	08/18/2020	Griffith	Tamara	Cassandra						
SA	18256	08/18/2020	Ehman	Abby	G						
SA	18257	08/19/2020	Jaramillo	Sofia	Cynthia						
SA	18258	08/19/2020	Mccullough	Jennifer							
SA	18259	08/20/2020	Rappaport	Lindsay							
SA	18260	08/20/2020	Strode	Lauren							
SA	18261	08/20/2020	Travieso	Nicole							
SA	18262	08/20/2020	Winner	Sydney	Brooke						
SA	18263	08/20/2020	Lopez	Lauren	Marie						
SA	18264	08/20/2020	Peters	Heather							
SA	18265	08/20/2020	Penney	Allison							

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SA	18266	08/20/2020	Canup	Samantha	Elise		[redacted]				
SA	18267	08/20/2020	Farinas	Victoria	Christine						
SA	18268	08/20/2020	Fitzpatrick	Kelly							
SA	18269	08/24/2020	Travers	Madison							
SA	18270	08/24/2020	Croke	Jacquelin e							
SA	18271	08/24/2020	Goodell	Fiona	Veronica						
SA	18272	08/24/2020	Bell	Bridgette	Janyne						
SA	18273	08/25/2020	Weaver	Shelley	Diane						
SA	18274	08/25/2020	Harrison	Baylee	Grace						
SA	18275	08/25/2020	Madihalli	Rukmini							
SA	18276	08/25/2020	Nikitas	Erin							
SA	18277	08/25/2020	Gonzalez	Odlene							
SA	18278	08/26/2020	Nunez	Brittany							
SA	18279	08/26/2020	Nicholas	Kathleen	Ellison						
SA	18280	08/26/2020	Perillo	Stephanie							
SA	18281	08/26/2020	Miller	Catherine	Elizabeth						
SA	18282	08/26/2020	Rice	Morgan	Ayres						

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SA	18283	08/26/2020	Tamasco	Ashley			[redacted]				
SA	18284	08/26/2020	Geiger	Lindsey	Michelle						
SA	18285	08/26/2020	Zummo	Isabella	Pearl						
SA	18286	08/27/2020	Tadvick	Sydney	Humphrey						
SA	18287	08/27/2020	Rum	Caroline	Elizabeth						
SA	18288	08/27/2020	Lopez Gonzalez	Geralee							
SA	18289	08/27/2020	Hassan	Mary							
SA	18290	08/28/2020	Hopkins	Niya	Contestance						
SA	18291	08/29/2020	Horn	Gabrielle	Lyn						
SA	18292	08/30/2020	Chester	Colleen	Connolly						
SA	18293	08/31/2020	Moss Horwitz	Jan							
SA	18294	08/31/2020	De Novi	Natasha	Marie						
SA	18295	08/31/2020	Mackesey	Tim							
SA	18296	08/31/2020	Tye	Sara	Marie						
SA	18297	08/31/2020	Debaptiste	Wendy	Jane						

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SA	18298	08/31/2020	Timsuren	Christina			[redacted]				
SA	18299	08/31/2020	Griffin	Amy	Rochelle						
SA	18300	08/31/2020	Bileychuk	Claudia	A						
SA	18301	08/31/2020	Alford	Kara							
SA	18302	09/01/2020	Chisholm	Lynn							
SA	18303	09/01/2020	Gonzalez	Yudith							
SA	18304	09/01/2020	West	Kayla	Marie						
SA	18305	09/01/2020	Miret	Demi	Aleczandr a						
SA	18306	09/01/2020	Bartels	Sarah							
SA	18307	09/02/2020	Curfman	Ryan	Andrew						
SA	18308	09/03/2020	Prezzemolo	Michele	Andrea						
SA	18309	09/03/2020	Lucas	Erin	Fay						
SA	18310	09/03/2020	Kenyon	Ellen							
SA	18311	09/03/2020	Amador	Chantelly	Alexandra						
SA	18312	09/03/2020	Sturm	Nicholle							
SA	18313	09/03/2020	Rubin	Arlene							
SA	18314	09/03/2020	Santiago	Kelci							

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SA	18315	09/03/2020	Petit	Amy			[redacted]				
SA	18316	09/03/2020	Phillips	Whitney							
SA	18317	09/03/2020	Khan	Zahraa							
SA	18318	09/03/2020	Ortiz	Lymarie							
SA	18319	09/03/2020	Medina Figueroa	Magaly	Margarita						
SA	18320	09/03/2020	Wartski	Margaret	Cordell						
SA	18321	09/03/2020	Hoffmann	Ana	E						
SA	18322	09/03/2020	Castillo	Natalia							
SA	18323	09/03/2020	Barnett	Katherine	Rose						
SA	18324	09/03/2020	Brinson	Christy							
SA	18325	09/04/2020	Varner	Jayda	Renae						
SA	18326	09/04/2020	Taskin	Rebecca							
SA	18327	09/07/2020	Breshears	Sarah							
SA	18328	09/07/2020	Carper	Haley	Nicole						
SA	18329	09/08/2020	Bursztyn	Yael	Diamond						
SA	18330	09/09/2020	Escobar	Loren	Daniela						
SA	18331	09/09/2020	Meyer	Michelle	Suzanne						

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SA	18332	09/09/2020	Micunek	Ruhi	Ahluwalia		[redacted]				
SA	18333	09/09/2020	Eugene	Alice							
SA	18334	09/09/2020	Hickok	Taylor	Nicole						
SA	18335	09/10/2020	Lee	Lesly	Elvira						
SA	18336	09/10/2020	Goto	Andrew	Kenzo						
SA	18337	09/10/2020	Dreseris	Maria	C						
SA	18338	09/10/2020	Froehlich	Jennifer	Rose						
SA	18339	09/10/2020	Schroeder	Jordan							
SA	18340	09/11/2020	Steinbrenner	Jenna							
SA	18341	09/11/2020	West	Danielle							
SA	18342	09/11/2020	Marks	Hayley	Kathleen						
SA	18343	09/11/2020	Williams	Kimberly	Ann						
SA	18344	09/14/2020	Ruckdeschel	Leigh	Hogan						
SA	18345	09/14/2020	Brabbin	Sarah							
SA	18346	09/14/2020	Dieterle	Nanette	Denise						
SA	18347	09/14/2020	Flowers	Katrina							

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SA	18348	09/15/2020	Apostol	Julia Mikaela	Padua		[redacted]				
SA	18349	09/15/2020	Figueroa-Daily	Dayce							
SA	18350	09/15/2020	Mulford	Katherine							
SA	18351	09/15/2020	Chin	Marissa							
SA	18352	09/15/2020	Rosas-Diaz	Elizabeth							
SA	18353	09/15/2020	Brammer	Lindsay	Michelle						
SA	18354	09/15/2020	Edmond	Cassandra							
SA	18355	09/15/2020	Faulkner	Charlotte							
SA	18356	09/15/2020	Bargers	Jared							
SA	18357	09/16/2020	Valdes Sosa	Estrella							
SA	18358	09/16/2020	Rycenga	Quinn							
SA	18359	09/17/2020	Brito	Rebecca	Alexandria						
SA	18360	09/17/2020	Donoghue	Kristin							
SA	18361	09/18/2020	Lacroix	Amanda							
SA	18362	09/18/2020	Moses	Julie	Dawn						
SA	18363	09/18/2020	Rickels	Ashley	Mikelle						
SA	18364	09/18/2020	Barstow	Emily							
SA	18365	09/18/2020	Dickson	Danielle	Lynn						

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SA	18366	09/18/2020	Smith	Caitlin			07/06/1988	Misericordia University		1410 York Avenue Apt 3G	New York, NY 10021
SA	18367	09/18/2020	Coyle	Michelle			08/29/1977	University Of Florida;Florida State University		2130 Wilderness Path	Ft Walton Bch, FL 32547
SA	18368	09/21/2020	Rosenburg	Rebecca	Lynne		09/09/1984	Kansas State University		1955 Lowe Rd	Navarre, FL 32566
SA	18369	09/21/2020	Diaz	Carolina			03/16/1995	Florida International University		19340 Nw 8Th Ct	Miami Gardens, FL 33169
SA	18370	09/21/2020	Creighton	Robert	Edward		06/05/1990	Mgh Institute Of Health Professions		602 Vonderburg Dr.	Brandon, FL 33511
SA	18371	09/21/2020	Poe	Beth	Rossi		07/06/1974	University Of Maryland College Park		4185 Venetia Blvd	Jacksonville, FL 32210
SA	18372	09/21/2020	Al-Khub	Yasmine			10/07/1992	University Of Central Florida		2737 Palm Isle Way	Orlando, FL 32829
SA	18373	09/21/2020	Pecorella	Carolyn	Ann		03/02/1976	Cuny Queens College;New York Medical College		2192 Vermont Lane	Naples, FL 34120
SA	18374	09/21/2020	Ward	Gillian			07/11/1995	Central Michigan University		#707 9425 Blind Pass Rd.	St Pete Beach, FL 33706
SA	18375	09/21/2020	Bobo	Charity	Elizabeth		03/30/1995	University Of Central Florida		1818 Harden Blvd #160	Lakeland, FL 33803
SA	18376	09/21/2020	Hoeh	Celeste			08/31/1994	University Of Central Florida		1401 Se 30Th Ave	Ocala, FL 34471
SA	18377	09/22/2020	George	Maresa	Ashley		09/28/1991	Indiana State University;Indiana University		3650 Aster Drive	Sarasota, FL 34233
SA	18378	09/22/2020	Fort	Enri	Yamashita		01/08/1973	Boston University;Other		#115 1512 East John Sims Pkwy	Niceville, FL 32578
SA	18379	09/22/2020	Nahajzer	Lauren	Nicole		04/26/1989	University Of North Texas		2012 Se 8Th Terrace	Cape Coral, FL 33990
SA	18380	09/23/2020	Hamilton	Katalina			04/06/1994	Florida International University		8950 Sw 74Th Ct #1701	Miami, FL 33156
SA	18381	09/24/2020	Swain	Desiree	Jenny Franco		02/07/1991	Nova Southeastern University-Slp Program		7610 Deer Path Lane	Land O Lakes, FL 34637
SA	18382	09/24/2020	Tell	Stephanie	Jenna		06/13/1995	University Of South Florida;Other		1177 Baltic Lane	Winter Springs, FL 32708
SA	18383	09/24/2020	Marcello	Cara	Elizabeth		11/28/1992	University Of Central Florida		360 Cedar Ave	Tequesta, FL 33469

MQA Reports
New License Report for 3001 : Speech-Language Pathologist
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:00:21PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SA	18384	09/24/2020	Fraga	Susana	D		[redacted]				
SA	18385	09/24/2020	Todd	Kaylea							
SA	18386	09/24/2020	Troxel	Jordan	Cristina						
SA	18387	09/24/2020	Perez	Gabriella	Ines						
SA	18388	09/24/2020	Kallevig	Lauren							
SA	18389	09/24/2020	Wright	Brittany	Marie						
SA	18390	09/24/2020	Constantine	Joseph							
SA	18391	09/24/2020	Clark	Lauren							
SA	18392	09/24/2020	Morelli	Karla							
SA	18393	09/25/2020	Carr	Sinead							

Total Records: **333**

MQA Reports
New License Report for 3002 : Audiologist
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:02:07PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
AY	2378	07/01/2020	Labbe	Megan	Marie		[redacted]				
AY	2379	07/02/2020	Lopez	Joycelin	Vicky						
AY	2380	07/02/2020	Mcclelland	Emily	Garrison						
AY	2381	07/02/2020	Harman	Molly							
AY	2382	07/05/2020	Reyes	Sarah							
AY	2383	07/07/2020	Hammerly	Jade							
AY	2384	07/08/2020	Burden	Rebecca	Smith						
AY	2385	07/08/2020	Simmons	Jasmine							
AY	2386	07/14/2020	Barnard	Alexander	Thomas						
AY	2387	07/14/2020	Smith	Michelle	Lynn						
AY	2388	07/14/2020	Rubin	Max							
AY	2389	07/15/2020	Collis	Ashleigh	Lauren						
AY	2390	07/16/2020	Schmidt	Sarah	Jane						
AY	2391	07/20/2020	Kinney	Eric	Casey						
AY	2392	07/22/2020	Lemison	Sheila	M						
AY	2393	07/23/2020	Miller	Lauren	Grace						

MQA Reports
New License Report for 3002 : Audiologist
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:02:07PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
AY	2394	07/28/2020	Campos	Laura			[redacted]				
AY	2395	07/28/2020	Grovenstein	Lisa							
AY	2396	07/29/2020	Moder	Lindsey	Rebecca						
AY	2397	08/02/2020	Bochat	Sarah							
AY	2398	08/05/2020	Shropshire	David							
AY	2399	08/14/2020	Mccullough	Elise							
AY	2400	08/19/2020	Sherwood	Leah	Marie						
AY	2401	08/19/2020	Romero	Aliana	Isabel						
AY	2402	08/19/2020	Gottschalk	Karah							
AY	2403	08/20/2020	Loffredo	Jenna	Elizabeth						
AY	2404	08/21/2020	Doing	Michael	Burns						
AY	2405	08/30/2020	Datino	Nancy	L						
AY	2406	08/31/2020	Rey	Jorge							
AY	2407	08/31/2020	Bell	Karen							
AY	2408	08/31/2020	Borukhova	Roksana							

MQA Reports
New License Report for 3002 : Audiologist
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:02:07PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
AY	2409	09/07/2020	Brockett	Breanna	Alese		[redacted]				
AY	2410	09/10/2020	Oree	Preyanca	Hanna						
AY	2411	09/10/2020	Pasquarello	Brittany							
AY	2412	09/10/2020	Irizarry	Jorge	J						
AY	2413	09/14/2020	Bonadio	Logan	Honea						
AY	2414	09/16/2020	Irizarry	Maribiliz							
AY	2415	09/18/2020	Kennedy	Rachael							
AY	2416	09/24/2020	Barron	Cheryl	Lynn						

Total Records: **39**

MQA Reports

New License Report for 3003 : Speech-Language Pathology Assistant

Sort Order: Original License Date

7/ 1/2020 - 9/25/2020

Processed: 9/25/2020 4:03:05PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	4415	07/01/2020	Wilhelmy	Brittany	Lynn		[redacted]				
SI	4416	07/01/2020	Maragh	Niara							
SI	4417	07/01/2020	Orologio	Christine	R						
SI	4418	07/02/2020	Redfern	Rachel	Cierra						
SI	4419	07/02/2020	Mergler	Sydney							
SI	4420	07/02/2020	Nardello	Natalie							
SI	4421	07/02/2020	Leyva	Melissa	Maria						
SI	4422	07/02/2020	Peters	Kacie	Lynn						
SI	4423	07/02/2020	Jordan	Tasia							
SI	4424	07/02/2020	Marquez	Kristal	Marie						
SI	4425	07/06/2020	Thomas	Jennifer							
SI	4426	07/06/2020	Rizo	Delia	Magdalena						
SI	4427	07/06/2020	Batista	Destiny							
SI	4428	07/08/2020	Moran Sosa	Andrea							
SI	4429	07/08/2020	Abraham	Leah	Sheri						
SI	4430	07/09/2020	Hecht	Bracha							
SI	4431	07/09/2020	Fisher	Aubrey	Lynn						
SI	4432	07/10/2020	Mahairas	Victoria	Christina						

MQA Reports

New License Report for 3003 : Speech-Language Pathology Assistant

Sort Order: Original License Date

7/ 1/2020 - 9/25/2020

Processed: 9/25/2020 4:03:05PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	4433	07/10/2020	Soles	Kelly	Marie		[redacted]				
SI	4434	07/10/2020	Meyer	Ann	Christine						
SI	4435	07/10/2020	Ursery	Shatequa							
SI	4436	07/10/2020	Cuba	Kaytlen	Marie						
SI	4437	07/14/2020	Reyes	Beatriz							
SI	4438	07/14/2020	Gonzalez	Alexandra							
SI	4439	07/14/2020	Cardi	Nicole	Marguerite						
SI	4440	07/15/2020	Stept	Ashley	E						
SI	4441	07/15/2020	Rosado	Sofia							
SI	4442	07/15/2020	Somers	Lauren	M						
SI	4443	07/16/2020	Alvarez	Estefania							
SI	4444	07/16/2020	Moya	Katherine							
SI	4445	07/16/2020	Roche	Audrey							
SI	4446	07/16/2020	Sloan	Alyssa	Ann						
SI	4447	07/16/2020	Laduke	Alexis							
SI	4448	07/17/2020	Mcpherson	Karysa							
SI	4449	07/17/2020	Pujol	Andrea	Valentina						
SI	4450	07/17/2020	Fitzgerald	Giselle	Benitez			Paltz,Other			32907

MQA Reports
New License Report for 3003 : Speech-Language Pathology Assistant
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:03:05PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	4451	07/21/2020	Shaw	Kristen	Leah		[redacted]				
SI	4452	07/21/2020	Portal Morales	Maria	Tania						
SI	4453	07/21/2020	Fuller	Anjerica	Michele						
SI	4454	07/21/2020	Cardona	Sarah	Sophia						
SI	4455	07/22/2020	Wilson	Natasha	Greco						
SI	4456	07/22/2020	Vargas	Mabell							
SI	4457	07/22/2020	Reyher	Arianna	Megan						
SI	4458	07/22/2020	Stone	Sarah							
SI	4459	07/22/2020	Rivera	Alexus	Marie						
SI	4460	07/22/2020	Petit Bois	Rolanda							
SI	4461	07/22/2020	Owens	Barbara							
SI	4462	07/22/2020	Gonzalez	Manuela							
SI	4463	07/22/2020	Alfonso - Hernandez	Doris	Lorraine						
SI	4464	07/22/2020	Amador	Lisbeth							
SI	4465	07/24/2020	Minano	Ashley	Diana						
SI	4466	07/24/2020	Medina Figueroa	Magaly	Margarita						
SI	4467	07/24/2020	Puch	Saray							

MQA Reports
New License Report for 3003 : Speech-Language Pathology Assistant
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:03:05PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	4468	07/24/2020	Mikolajski	Sonya			[redacted]				
SI	4469	07/27/2020	Alvarez Hernandez	Barbara							
SI	4470	07/27/2020	Broadway	Adriana	Chere						
SI	4471	07/27/2020	Cain	Brennan	Nicole						
SI	4472	07/27/2020	Koshy	Jane							
SI	4473	07/27/2020	Moore	Daria							
SI	4474	07/27/2020	Khalil	Chantal	S.						
SI	4475	07/27/2020	Lane	Stephanie	Kimmerling						
SI	4476	07/28/2020	Stewart	Taylor	Marie						
SI	4477	07/28/2020	Davila	Alexia							
SI	4478	07/28/2020	Alvarez	Kelsey							
SI	4479	07/28/2020	Penafiel	Betsabe							
SI	4480	07/28/2020	Ozores	Claudia							
SI	4481	07/28/2020	Martinez	Brenda							
SI	4482	07/28/2020	Abraham	Alyssa	Rachelle						
SI	4483	07/28/2020	Douglas	Tiahana							
SI	4484	07/28/2020	Hernandez	Katherine	Olivia						
SI	4485	07/30/2020	Nevins	Brooke							

MQA Reports
New License Report for 3003 : Speech-Language Pathology Assistant
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:03:05PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	4486	07/30/2020	Martin	Nicole	Marie		[redacted]				
SI	4487	07/30/2020	Morou-Luna	Daniela							
SI	4488	07/30/2020	Nunez	Tanya							
SI	4489	07/31/2020	Jones	Sylvia							
SI	4490	07/31/2020	Madison	Kristen							
SI	4491	08/03/2020	Cervantes	Nancy	Cristina						
SI	4492	08/03/2020	Hardy	Cheryl							
SI	4493	08/04/2020	Lopez	Yariles	M						
SI	4494	08/04/2020	Murrian	Kennedy							
SI	4495	08/05/2020	Diaz Diaz	Ines Maria							
SI	4496	08/05/2020	Maldonado	Ivis	N						
SI	4497	08/05/2020	Bleeke	Jenna							
SI	4498	08/05/2020	Aycart	Allison							
SI	4499	08/06/2020	Valdes	Dianelys							
SI	4500	08/07/2020	Landa	Jamie							
SI	4501	08/09/2020	Gutierrez De Pineres	Alexa	Gabriela						
SI	4502	08/09/2020	Bartleson	Jordan	Hayley						

MQA Reports
New License Report for 3003 : Speech-Language Pathology Assistant
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:03:05PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	4503	08/10/2020	Sherman	Tatum	Linquist		[redacted]				
SI	4504	08/11/2020	Ruby	Jorja							
SI	4505	08/11/2020	Perry	Justin	N						
SI	4506	08/11/2020	Leavell	Cassondra	Elaine						
SI	4507	08/11/2020	Saiger	Anna							
SI	4508	08/11/2020	Watson	Nneka	M.						
SI	4509	08/16/2020	Robinson	Kayla	Maegan						
SI	4510	08/17/2020	Higby	Kaitlin							
SI	4511	08/17/2020	Herrera	Angelica	Marie						
SI	4512	08/18/2020	Alicea	Carlos	Rene						
SI	4513	08/18/2020	Holloman	Amanda							
SI	4514	08/19/2020	Schultz	Samantha	Christine						
SI	4515	08/19/2020	Poleon	Johnice							
SI	4516	08/19/2020	Baroni	Laisa	Egli De Campos						
SI	4517	08/19/2020	Perkins	Samuel	Adam						
SI	4518	08/19/2020	Nally	Sarah							
SI	4519	08/20/2020	Berberena	Poulette	Mari						
SI	4520	08/20/2020	Brice	Kimberly							
SI	4521	08/25/2020	Berrio	Gina	R						

MQA Reports
New License Report for 3003 : Speech-Language Pathology Assistant
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:03:05PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	4522	08/26/2020	Wood	Autumn			[redacted]				
SI	4523	08/28/2020	Kenagy	Mariah							
SI	4524	08/28/2020	Pita	Melissa							
SI	4525	08/30/2020	Fontana	Tiffany	Thais						
SI	4526	08/31/2020	Pena Santiago	Kathia	Y.						
SI	4527	08/31/2020	Smalling	Allison	R.						
SI	4528	08/31/2020	Pastrana	Cheryl							
SI	4529	08/31/2020	Kelly	Brittany	Leigh						
SI	4530	08/31/2020	Trejo-Jimenez	Nathalie	Mariana						
SI	4531	09/01/2020	Crawford	Bennett							
SI	4532	09/01/2020	Duhanxhiu	Jetjona							
SI	4533	09/01/2020	Abramowitz	Lauren							
SI	4534	09/01/2020	Galban	Angelica							

MQA Reports
New License Report for 3003 : Speech-Language Pathology Assistant
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:03:05PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	4535	09/01/2020	Gonzalez	Lisbet			[redacted]				
SI	4536	09/01/2020	Mcfield	Keesha	T						
SI	4537	09/01/2020	Deluque	Elizabeth	Michelle						
SI	4538	09/01/2020	Abrahams	Julia							
SI	4539	09/03/2020	Sinardi	Skyler							
SI	4540	09/03/2020	Savastano	Briana	Lucki						
SI	4541	09/03/2020	Scarbrough	Kaitlyn	Alexandra						
SI	4542	09/03/2020	Poellnitz	Emily							
SI	4543	09/04/2020	Alderman	Brandi	L.						
SI	4544	09/07/2020	Cutillo	Teresa	Nicole						
SI	4545	09/09/2020	Gonzalez	Krystal							
SI	4546	09/09/2020	Anastacio	Marina	Taylor						
SI	4547	09/09/2020	Kori	Crysta	Lynn						
SI	4548	09/10/2020	Knowles	Hannah	Leigh						
SI	4549	09/10/2020	Kelly	Jasmin							
SI	4550	09/10/2020	Lopez	Patricia							
SI	4551	09/10/2020	Pasquariello	Natalia	Anabella						
SI	4552	09/10/2020	Marrero	Karma	Mlilagros						
SI	4553	09/10/2020	Perez Diaz	Arlines							

MQA Reports
New License Report for 3003 : Speech-Language Pathology Assistant
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:03:05PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	4554	09/10/2020	Mahama	Jenna	Ann		[redacted]				
SI	4555	09/10/2020	Pron	Kayla	Elizabeth						
SI	4556	09/12/2020	Rayner	Madeline	Anne-Elizabeth						
SI	4557	09/12/2020	Holloran	Mya							
SI	4558	09/12/2020	Horwitz	Jordan							
SI	4559	09/14/2020	Chung	Kayli	Alexei						
SI	4560	09/14/2020	Chandler	Heather	Nicole						
SI	4561	09/14/2020	Berrios	Mayrelis							
SI	4562	09/14/2020	Bussey	Lacy	Q.C						
SI	4563	09/14/2020	Ketchman	Natasha							
SI	4564	09/14/2020	Kwasigroch	Paige	Nicole						
SI	4565	09/14/2020	Fernandez	Jennifer	Quintero						
SI	4566	09/16/2020	Rafeh	Natalie							
SI	4567	09/16/2020	Bardales	Ivanna	Michelle						
SI	4568	09/18/2020	Swaford	Taylor							
SI	4569	09/18/2020	Rodrigues	Alessandra							
SI	4570	09/18/2020	Xoca	Debbie	Sahian						
SI	4571	09/18/2020	Vargas	Stephanie	M						

MQA Reports
New License Report for 3003 : Speech-Language Pathology Assistant
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:03:05PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SI	4572	09/21/2020	Castaneda	Sabrina	J		[redacted]				
SI	4573	09/21/2020	Hernandez	Julia	E.						
SI	4574	09/22/2020	Spielman	Heidi	Christine						
SI	4575	09/22/2020	Perez	Emily	Grace						
SI	4576	09/22/2020	Miller	Maggie							
SI	4577	09/22/2020	Escobar	Estefania							
SI	4578	09/22/2020	Lackey	Alexis							
SI	4579	09/25/2020	Zuart Celaya	Daniela							

Total Records: **165**

MQA Reports
New License Report for 3004 : Audiology Assistant
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:04:31PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
AI	389	07/05/2020	Banks	Sydney	Siovahn		[redacted]				
AI	390	07/14/2020	Coover	Megan	Leigh						
AI	391	07/16/2020	Springer	Erin							
AI	392	07/23/2020	Makhlouf	Musa							
AI	393	08/05/2020	Trevelyan	Tabitha							
AI	394	08/12/2020	Treccioli	Alyssa							
AI	395	08/23/2020	Ayala	Norma	G						

Total Records: **7**

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

7/ 1/2020 - 9/25/2020

Processed: 9/25/2020 4:07:04PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9589	07/01/2020	Murphy	Brittney			[redacted]				
SZ	9590	07/01/2020	Kvistad	Kayli	Rian						
SZ	9591	07/01/2020	Tow	Sivan							
SZ	9592	07/01/2020	Nipper	Ana-Marie							
SZ	9593	07/01/2020	Nichols	Allison	Patricia						
SZ	9594	07/02/2020	Lalor	Caitlin	Elizabeth						
SZ	9595	07/02/2020	Hamilton	Savanah	Ashley						
SZ	9596	07/02/2020	Messer	Jennifer							
SZ	9597	07/02/2020	Forero	Jennifer	Ruben						
SZ	9598	07/02/2020	Gillespie	Michelle							
SZ	9599	07/02/2020	Keefer	Erin							
SZ	9600	07/06/2020	Garcia	Nilda							
SZ	9601	07/06/2020	Slaughter	Randi	Ann						
SZ	9602	07/06/2020	Thornton	Christian	Alexander						
SZ	9603	07/06/2020	Heller	Samantha	Michele						
SZ	9604	07/06/2020	Haggard	Eliana	Beth						

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

7/ 1/2020 - 9/25/2020

Processed: 9/25/2020 4:07:04PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9605	07/06/2020	Confrey	Megan			[redacted]				
SZ	9606	07/06/2020	Caibigan	Vida							
SZ	9607	07/06/2020	Clock	Valeria	Joann						
SZ	9608	07/07/2020	Steiger	Hannah	Marie						
SZ	9609	07/07/2020	Woodall	Rebecca	D						
SZ	9610	07/07/2020	Hansford	Jordan	Leigh						
SZ	9611	07/07/2020	Short	Rachel	Elizabeth						
SZ	9612	07/08/2020	Hoefer	Donna	Marie						
SZ	9613	07/08/2020	Bowman	Margaret	Claire						
SZ	9614	07/08/2020	Wooten	Rachel							
SZ	9615	07/08/2020	Turner	Kaitlyn	Leilani						
SZ	9616	07/08/2020	Brinkhoff	Allison	Mae						
SZ	9617	07/08/2020	Grace	Chandler	Payton						
SZ	9618	07/08/2020	Ramirez	Alalabeth							
SZ	9619	07/08/2020	Hodge	Jenae	Shelese						

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

7/ 1/2020 - 9/25/2020

Processed: 9/25/2020 4:07:04PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9620	07/08/2020	Goodridge	Courtney	Ann		[redacted]				
SZ	9621	07/08/2020	Goodridge	Rebecca	Lauren						
SZ	9622	07/09/2020	Mosqueda Fernandez	Milbia							
SZ	9623	07/09/2020	Hernandez	Genesis	Marie						
SZ	9624	07/10/2020	Dejesus	Veronica							
SZ	9625	07/13/2020	Arnold	Hannah	Dawn						
SZ	9626	07/14/2020	Buchanan	Jessica	Lynn						
SZ	9627	07/14/2020	Day	Rachael							
SZ	9628	07/14/2020	Torres Delgado	Dyara	Nicole						
SZ	9629	07/14/2020	Carroll	Alexandra	Victoria						
SZ	9630	07/15/2020	Terrell	Rachel							
SZ	9631	07/15/2020	Zirman	Ashley							
SZ	9632	07/16/2020	Defiore	Tricia							
SZ	9633	07/16/2020	Miller	Kendra	Marie						
SZ	9634	07/16/2020	Brodsky	Elana	Michaela						
SZ	9635	07/16/2020	Neal	Symoine							

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

7/ 1/2020 - 9/25/2020

Processed: 9/25/2020 4:07:04PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9636	07/16/2020	Serino	Lyndsey			[redacted]				
SZ	9637	07/16/2020	Rodriguez Sanchez	Stephanie							
SZ	9638	07/16/2020	Minervini	Antonia	Marie						
SZ	9639	07/16/2020	Prager	Amanda							
SZ	9640	07/16/2020	Jones	Timara	Destiny						
SZ	9641	07/17/2020	Evans	Anna	Layne						
SZ	9642	07/19/2020	Hall	Elleigh							
SZ	9643	07/19/2020	Felizola	Genesis							
SZ	9644	07/19/2020	Goodridge	Courtney	Ann						
SZ	9645	07/21/2020	Wernig	Claire							
SZ	9646	07/21/2020	Berenguer	Barbara	Marlen						
SZ	9647	07/21/2020	Zimmerman	Allison	Sullivan						
SZ	9648	07/21/2020	Velasquez-Pace	Katya	M						
SZ	9649	07/21/2020	Flatley	Gillian							
SZ	9650	07/22/2020	Raulerson	Laura							
SZ	9651	07/22/2020	Jordan	Kendall	Jayne						
SZ	9652	07/22/2020	Lundmark	Tara	Kathryn						

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

7/ 1/2020 - 9/25/2020

Processed: 9/25/2020 4:07:04PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9653	07/22/2020	Cameron	Hannah			[redacted]				
SZ	9654	07/22/2020	Coker	Olivia							
SZ	9655	07/23/2020	Garcia	Sandra							
SZ	9656	07/24/2020	Collins	Kayla							
SZ	9657	07/27/2020	Hernandez	Solangel							
SZ	9658	07/27/2020	Bermejo Guerra	Beatriz							
SZ	9659	07/27/2020	Mendez	Gabriela							
SZ	9660	07/27/2020	Guerrero	Gabriella							
SZ	9661	07/27/2020	Alvarez	Yessenia							
SZ	9662	07/28/2020	Frederick	Cheyenna	Sky						
SZ	9663	07/28/2020	Hamilton	Hayley	Colleen						
SZ	9664	07/28/2020	Macieunas	Kelsey							
SZ	9665	07/28/2020	Ducote	Breanne							
SZ	9666	07/30/2020	Suchecki	Valerie							
SZ	9667	07/30/2020	Enneking	Abigail	Ann						
SZ	9668	07/30/2020	Dunn	Jillian							
SZ	9669	07/30/2020	Jones	Sydney	Lauren						

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

7/ 1/2020 - 9/25/2020

Processed: 9/25/2020 4:07:04PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9670	07/31/2020	Henderson	Haley			[redacted]				
SZ	9671	08/02/2020	Bowen	Miranda	Paige						
SZ	9672	08/02/2020	Dannenfeldt	Paige							
SZ	9673	08/02/2020	Forero	Julie	Ann						
SZ	9674	08/02/2020	Hughes	Autumn	Elizabeth						
SZ	9675	08/02/2020	Del Campo	Nicole	Laura						
SZ	9676	08/02/2020	Serrano	Taisha	M						
SZ	9677	08/03/2020	Wiles	Alexandra	Elizabeth						
SZ	9678	08/03/2020	Hilley	Madison							
SZ	9679	08/06/2020	Stanley	Natalie	M						
SZ	9680	08/06/2020	Bouchard	Elaina	Leigh						
SZ	9681	08/06/2020	Swaggerty	Cameron	L						
SZ	9682	08/09/2020	Castro Pesce	Isabel							
SZ	9683	08/11/2020	Mcgarity	Alyssa							
SZ	9684	08/11/2020	Stoner	Jenna							
SZ	9685	08/11/2020	Koelsch	Elizabeth	M						
SZ	9686	08/11/2020	Nichols	Sophia							
SZ	9687	08/11/2020	Leardini	Hope	Emily						

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

7/ 1/2020 - 9/25/2020

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Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9688	08/13/2020	Morgan	Madison	Ann		[redacted]				
SZ	9689	08/13/2020	Paulk	Kelsey	Kay						
SZ	9690	08/13/2020	Sanders	Cora	Monique						
SZ	9691	08/13/2020	Jurich	Kylee	Rae						
SZ	9692	08/13/2020	Novakovic	Leslie	Ann						
SZ	9693	08/17/2020	Akhtar	Sadia							
SZ	9694	08/17/2020	Barooni	Neda							
SZ	9695	08/17/2020	Gonzalez	Annitza							
SZ	9696	08/18/2020	Singer	Katheryn	Claire						
SZ	9697	08/19/2020	Thompson	Christen							
SZ	9698	08/19/2020	Hunley	Ellen	N						
SZ	9699	08/19/2020	Denisi	Katelyn	Marie						
SZ	9700	08/19/2020	Cornwell	Ashley	Brooke						
SZ	9701	08/19/2020	Rice	Abigail							
SZ	9702	08/19/2020	Ramsey	Kayla							
SZ	9703	08/19/2020	Myers	Bethany	Elise						
SZ	9704	08/19/2020	Nims	Amber							
SZ	9705	08/19/2020	Londono	Manuela							
SZ	9706	08/20/2020	Bereicua	Estefania							

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

7/ 1/2020 - 9/25/2020

Processed: 9/25/2020 4:07:04PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9707	08/20/2020	Arnold	Brooke			[redacted]				
SZ	9708	08/20/2020	Day	Sharon							
SZ	9709	08/20/2020	Ringenberg	Payton							
SZ	9710	08/20/2020	Parriott	Sarah	Jane						
SZ	9711	08/20/2020	Spraker	Olga	V						
SZ	9712	08/21/2020	Cuellar	Natalie							
SZ	9713	08/21/2020	Fabel	Jordan	Nicole						
SZ	9714	08/21/2020	Lamazares	Yanet							
SZ	9715	08/21/2020	Mally	Ariella							
SZ	9716	08/24/2020	Loebker	Katherine							
SZ	9717	08/24/2020	Morris	Alison	Summerlin						
SZ	9718	08/24/2020	Amodeo	Alexandria							
SZ	9719	08/24/2020	Ferranti	Jennifer	Glenn						
SZ	9720	08/24/2020	Dampier	Dominique							
SZ	9721	08/25/2020	Chesley	Emily	Anna						
SZ	9722	08/25/2020	Coombs	Nicole							
SZ	9723	08/25/2020	Conti	Christina							

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

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Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9724	08/25/2020	Banuelos	Melissa	Lynn		[redacted]				
SZ	9725	08/25/2020	Daughenbaugh	Kyle	Marie						
SZ	9726	08/25/2020	Yanez	Laura							
SZ	9727	08/25/2020	Reyher	Arianna	Megan						
SZ	9728	08/25/2020	Walker	Kathryn	E						
SZ	9729	08/25/2020	Taylor	Carson	Amberbro ok						
SZ	9730	08/26/2020	Wood	Kristen							
SZ	9731	08/27/2020	Scott	Christine							
SZ	9732	08/27/2020	Shihada	Hanan							
SZ	9733	08/27/2020	Mainiero	Anna Marie							
SZ	9734	08/27/2020	Thornton	Britni	Nicole						
SZ	9735	08/27/2020	Tyson	Calee							
SZ	9736	08/28/2020	Fereira	Ariagny	Elena						
SZ	9737	08/28/2020	Bond	Elizabeth	Veronica						
SZ	9738	08/28/2020	Roberts	Richelle	Andrea						
SZ	9739	08/30/2020	Arena	Lindsay							
SZ	9740	08/30/2020	Gordon	Elizabeth							

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

7/ 1/2020 - 9/25/2020

Processed: 9/25/2020 4:07:04PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9741	08/30/2020	Abrahams	Julia			[redacted]				
SZ	9742	08/30/2020	Abrahams	Theodore	Joseph						
SZ	9743	08/31/2020	Hoppe	Stephanie							
SZ	9744	08/31/2020	Rose	Liliana							
SZ	9745	08/31/2020	Innamorato	Julianne							
SZ	9746	08/31/2020	Kelly	Brittany	Leigh						
SZ	9747	08/31/2020	Pavlovics	Kirsten							
SZ	9748	08/31/2020	Ledman	Kiana							
SZ	9749	08/31/2020	Martin	Alexis	Kae						
SZ	9750	08/31/2020	Prewitt	Sydney	Nicole						
SZ	9751	08/31/2020	Abreu	Alejandra	Maria						
SZ	9752	08/31/2020	Kreisher	Blaise							
SZ	9753	08/31/2020	Irwin	Kalie	Michelle						
SZ	9754	08/31/2020	Parsley	Kaley	Shane						
SZ	9755	08/31/2020	Boulton	Lindsey							
SZ	9756	08/31/2020	Press	Karli							
SZ	9757	08/31/2020	Henshaw	Halie							
SZ	9758	09/01/2020	Henry	Kayla				University		24E	33469

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

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Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9759	09/01/2020	Cook	Paula			[redacted]				
SZ	9760	09/02/2020	Rodriguez	Vivien	Carolina						
SZ	9761	09/02/2020	Coleman	Theresa							
SZ	9762	09/02/2020	Simmons	Shelby							
SZ	9763	09/03/2020	Wong	Amber	Nicole						
SZ	9764	09/03/2020	Torres	Ana	Maria						
SZ	9765	09/03/2020	Rodriguez	Hannah	Rose						
SZ	9766	09/03/2020	Sobieski	Felicia							
SZ	9767	09/03/2020	Getejanc	Christie	Alexandria						
SZ	9768	09/03/2020	Wells	Colby							
SZ	9769	09/03/2020	Lucas	Mary	Elizabeth						
SZ	9770	09/03/2020	Abarca	Diana	Lucia						
SZ	9771	09/04/2020	Lee	Karina	Stephanie						
SZ	9772	09/04/2020	Castilla	Karla							
SZ	9773	09/04/2020	Momen	Niko							
SZ	9774	09/04/2020	Bryan-Tamez	Andres							
SZ	9775	09/04/2020	Furukawa	Samantha							
								University			

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

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Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9776	09/04/2020	Humenik	Katherine			[redacted]				
SZ	9777	09/04/2020	Alvarez	Joanna	Argentina						
SZ	9778	09/07/2020	Garcia Rivera	Sujeily	M.						
SZ	9779	09/07/2020	Gabardo	Bianca							
SZ	9780	09/08/2020	Tombley	Megan	Elizabeth						
SZ	9781	09/08/2020	Ward	Lexi							
SZ	9782	09/08/2020	Zim	Hillary							
SZ	9783	09/08/2020	Morales	Maria	Laura						
SZ	9784	09/08/2020	Bradley	Erin							
SZ	9785	09/08/2020	Delgado	Jene	Raquel						
SZ	9786	09/09/2020	Scott	Jillian							
SZ	9787	09/09/2020	Kwakye	Daisy							
SZ	9788	09/09/2020	Telus	Tanika							
SZ	9789	09/09/2020	Paletta	Alicia							
SZ	9790	09/09/2020	Messersmith	Erin							
SZ	9791	09/09/2020	Rhoa	Lydia							
SZ	9792	09/09/2020	Collins	Sara	Christine						

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

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Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9793	09/09/2020	Chavarro	Michelle			[redacted]				
SZ	9794	09/10/2020	Broidis	Natalie							
SZ	9795	09/10/2020	Crain	Haley	Kathryn						
SZ	9796	09/10/2020	Ranello	Jacquelin e	Elizabeth						
SZ	9797	09/10/2020	Coffman	Jaqueline	Rivera						
SZ	9798	09/11/2020	Bueno	Michelle	Lee						
SZ	9799	09/11/2020	Abuimaish	Summer							
SZ	9800	09/11/2020	Brown	Lana	Leary						
SZ	9801	09/11/2020	Huxford	Francesca							
SZ	9802	09/11/2020	Trevisani	Lacey	Elizabeth						
SZ	9803	09/11/2020	Schauer	Tabitha							
SZ	9804	09/11/2020	Grada	Briana							
SZ	9805	09/11/2020	Salter	Aston							
SZ	9806	09/11/2020	Kamen	Mackenzie							

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

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Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9807	09/14/2020	Potter	Marlee			[redacted]				
SZ	9808	09/14/2020	Paredes	Dinaibys							
SZ	9809	09/14/2020	Folsom	Kelsey	Nicole						
SZ	9810	09/14/2020	Ahmad	Hira							
SZ	9811	09/14/2020	Bianco	Anthony	N						
SZ	9812	09/15/2020	Izza	Brigitte							
SZ	9813	09/15/2020	Rigdon	Meryl							
SZ	9814	09/15/2020	Deluque	Elizabeth	Michelle						
SZ	9815	09/15/2020	Pankow	Lauren							
SZ	9816	09/15/2020	St Louis	Marie	Samuel						
SZ	9817	09/15/2020	Carter	Michelle	Marie						
SZ	9818	09/16/2020	Snyder	Claire	Rebecca						
SZ	9819	09/16/2020	Stern	Lauren	Emily						
SZ	9820	09/16/2020	Miller	Janelle	Elise						
SZ	9821	09/16/2020	Kennedy	Kristin	Nicole						
SZ	9822	09/16/2020	Koss	Taylor	Gaurety						
SZ	9823	09/17/2020	Redfern	Rachel	Cierra						

MQA Reports

New License Report for 3005 : Provisional Speech-Language Pathologist

Sort Order: Original License Date

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Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9824	09/17/2020	Kaminski	Amy			[redacted]				
SZ	9825	09/18/2020	Prendergast	Alexa							
SZ	9826	09/18/2020	Fleeman	Mckenzie	Dawn						
SZ	9827	09/18/2020	Almanza-Ojeda	Josefina							
SZ	9828	09/18/2020	Crawford	Clarice	Frances						
SZ	9829	09/18/2020	Ramos	Vanessa							
SZ	9830	09/18/2020	Torres	Blanca	Argentina						
SZ	9831	09/18/2020	Cequerella	Michelle							
SZ	9832	09/18/2020	Gonzalez	Michelle	Marie						
SZ	9833	09/18/2020	Berlanga	Estrella							
SZ	9834	09/18/2020	Betances	Amber	A						
SZ	9835	09/18/2020	Taylor	Bryn							
SZ	9836	09/21/2020	Alarcon	Melissa							
SZ	9837	09/21/2020	Babkes	Sari	Ruth						
SZ	9838	09/21/2020	Ginn	Brianna							
SZ	9839	09/21/2020	Ribeiro	Fernanda	Barata						
SZ	9840	09/22/2020	Gates	Juliana	Faith						
SZ	9841	09/22/2020	Montgomery	Anitsa							

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9842	09/22/2020	Youakim	Candace	Joy		[redacted]				
SZ	9843	09/22/2020	Motta	Priscilla							
SZ	9844	09/22/2020	Tormo	Alicia	Carolina						
SZ	9845	09/22/2020	Fields	Courtney							
SZ	9846	09/22/2020	Jeanty	Ariel							
SZ	9847	09/22/2020	Dart	Courtney							
SZ	9848	09/22/2020	Bennett	Antonette							
SZ	9849	09/22/2020	Brown	Shawna	M						
SZ	9850	09/23/2020	Samper	Michelle	Marie						
SZ	9851	09/24/2020	Jimenez	Gabriela							
SZ	9852	09/24/2020	Medina	Hannah	Morrell						
SZ	9853	09/24/2020	Gutierrez	Kaitlynn	Anne						
SZ	9854	09/24/2020	Gibb	David	Anthony						
SZ	9855	09/24/2020	Acosta Rojas	Michelle	Marie						
SZ	9856	09/24/2020	Ferrara	Lauren	Anne						
SZ	9857	09/24/2020	Rubler	Diane							
SZ	9858	09/24/2020	Costa	Natalie	Victoria			University		Suite 202	

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
SZ	9859	09/24/2020	Wortham Ii	David	Anderson		[redacted]				

Total Records: **271**

MQA Reports
New License Report for 3006 : Provisional Audiologist
7/ 1/2020 - 9/25/2020

Sort Order: Original License Date

Processed: 9/25/2020 4:08:18PM

Rank	Lic Nbr	Issue Dte	Org / Last	Frst Nme	Mid Nme	Sfx	Birth Date	EDU Provider	EDU Institution	PL Address	PL Location
AZ	802	07/02/2020	Jones	Kelly	N.		[redacted]				
AZ	803	07/22/2020	Mueller	Amanda	Lucille						
AZ	804	07/30/2020	Thaxton	Mackenzie	Elizabeth						
AZ	805	08/09/2020	El-Houayek	Raissa							
AZ	806	08/11/2020	Zavodnick	Taylor							
AZ	807	08/14/2020	Jones	Sarah	Parker						
AZ	808	08/19/2020	Bernacki	Sarah	Crosby						
AZ	809	08/19/2020	Parliament	Marsadi	Layne						
AZ	810	08/20/2020	Frazier	Shelby	Lynn						
AZ	811	08/25/2020	Attard	Alyssa							
AZ	812	08/28/2020	Doobrow	Gabrielle	Leah						

Total Records: **11**

BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY
RULES REPORT – OCTOBER 2020

(Rule Number	Rule Title	Date Rule Language Approved by Board	Date Sent to OFARR	Rule Development Published	Notice Published	Adopted	Effective
64B20-5.005	Requirements for Renewal of Provisional License	07/24/2020	09/21/2020	09/29/2020			
64B20-2.001 64B20-2.003	Licensure by Certification of Credentials Provisional Licensure; Requirements	06/15/2020	06/22/2020	06/30/2020	07/16/2020		
64B20-4.001	Certification of Assistants	06/15/2020	06/22/2020	06/30/2020	07/16/2020		
64B20-2.007	Requirement for Instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome	01/24/2020	07/29/2020	N/A	08/19/2020		
64B20-2.004	Professional Employment Experience	07/24/2020					

BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY
RULES REPORT – SEPTEMBER 2020

(Rule Number	Rule Title	Date Rule Language Approved by Board	Date Sent to OFARR	Rule Development Published	Notice Published	Adopted	Effective
64B20-5.005	Requirements for Renewal of Provisional License	07/24/2020	09/21/2020				
64B20-2.001 64B20-2.003	Licensure by Certification of Credentials Provisional Licensure; Requirements	06/15/2020	06/22/2020	06/30/2020	07/16/2020		
64B20-4.001	Certification of Assistants	06/15/2020	06/22/2020	06/30/2020	07/16/2020		
64B20-2.007	Requirement for Instruction on Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome	01/24/2020	07/29/2020	N/A	08/19/2020		
64B20-2.004	Professional Employment Experience	07/24/2020					

64B20-2.004 Professional Employment Experience.

(1) Every applicant for licensure as an audiologist with a doctoral degree who meets the requirements of Section 468.1155, F.S., and can demonstrate one year clinical work experience in the doctoral program is deemed to meet the eleven (11) months professional employment experience. Every applicant for licensure as an audiologist with a master's degree conferred before January 1, 2008, shall document that prior to licensure, the applicant completed one year clinical experience.

(2) Every applicant for licensure as a speech-language pathologist with a master's degree or enrolled in a doctoral degree program shall demonstrate that prior to licensure, the applicant completed nine (9) months of full-time professional employment experience, or the equivalent in part-time professional employment experience.

(3) During the professional employment experience required by Section 468.1165, F.S., the monitoring licensee shall evaluate the provisional speech-language pathology or audiology licensee each three (3) months of the provisional period separately. The monitoring licensee shall record the evaluation on Form SPA-2B, Supplementary Evaluations for Each One-Third of the Professional Employment Experience, which is incorporated by reference herein, effective March 25, 1991. These evaluations shall be included with the final supervisory report, Form SPA-2C, Supervisory Report for Provisional Licensees, which is incorporated by reference herein, effective March 25, 1991. For monitors of provisional audiology licensees, a separate evaluation must be completed during the final two (2) months of the professional employment experience. All evaluation forms as well as the final supervisory report shall be submitted to the Department within thirty (30) days of the completion of the professional employment experience. For the purpose of this section, nine (9) months of full-time professional employment is equivalent to thirty (30) hours per week for thirty-six (36) weeks. For purposes of this section, part-time professional employment is equivalent to a minimum of fifteen (15) hours per week for seventy-two (72) weeks. The forms incorporated by reference in this paragraph can be obtained from and the reports shall be sent to the Board of Speech-Language Pathology and Audiology, 4052 Bald Cypress Way, Bin C-06, Tallahassee, Florida 32399-3256.

(4) Evaluation of the provisional licensee must include at least eighteen (18) hours of direct observations of diagnostic and therapeutic procedures. At least six (6) onsite evaluations must be accrued for each one-third of the provisional period. No more than nine (9) of the eighteen (18) hours may be accrued for evaluation of clinical records. The observations may include:

(a) Administration of evaluation procedures.

(b) Execution of therapeutic procedures.

(c) Evaluation of the provisional licensee's clinical records, including diagnostic and treatment reports, clinical correspondence management plans and conference summaries.

(5) Evaluation of a provisional licensee must include at least eighteen (18) hours of other monitoring activities. At least six (6) of these monitoring activities must be accrued for every third of the provisional period. These activities may include:

(a) Conferring with the provisional licensee concerning evaluations and management strategies.

(b) Monitoring the provisional licensee's participation in case conferences, contributions to professional meetings and publications.

(c) Evaluating the provisional licensee through conferences with professional colleagues, employees, patients and patients' families.

Rulemaking Authority 468.1135(4) FS. Law Implemented 468.1165 FS. History–New 3-14-91, Formerly 21LL-2.004, 61F14-2.004, Amended 9-26-95, Formerly 59BB-2.004, Amended 9-17-00, 2-14-07.

64B20-2.004 Professional Employment Experience.

(1) Every applicant for licensure as an audiologist with a doctoral degree who meets the requirements of Section 468.1155, F.S., and can demonstrate one year clinical work experience in the doctoral program is deemed to meet the eleven (11) months professional employment experience. Every applicant for licensure as an audiologist with a master's degree conferred before January 1, 2008, shall document that prior to licensure, the applicant completed one year clinical experience.

(2) Every applicant for licensure as a speech-language pathologist with a master's degree or enrolled in a doctoral degree program shall demonstrate that prior to licensure, the applicant completed nine (9) months of full-time professional employment experience, or the equivalent in part-time professional employment experience.

(3) During the professional employment experience required by Section 468.1165, F.S., the monitoring licensee shall evaluate the provisional speech-language pathology or audiology licensee each three (3) months of the provisional period separately. The monitoring licensee shall record the evaluation on Form SPA-2B, Supplementary Evaluations for Each One-Third of the Professional Employment Experience, which is incorporated by reference herein, effective ~~March 25, 1991~~ 06/2020. These evaluations shall be included with the final supervisory report, Form SPA-2C, Supervisory Report for Provisional Licensees, which is incorporated by reference herein, effective ~~March 25, 1991~~ 06/2020. For monitors of provisional audiology licensees, a separate evaluation must be completed during the final two (2) months of the professional employment experience. All evaluation forms as well as the final supervisory report shall be submitted to the Department within thirty (30) days of the completion of the professional employment experience. For the purpose of this section, nine (9) months of full-time professional employment is equivalent to thirty (30) hours per week for thirty-six (36) weeks. For purposes of this section, part-time professional employment is equivalent to a minimum of fifteen (15) hours per week for seventy-two (72) weeks. The forms incorporated by reference in this paragraph can be obtained from and the reports shall be sent to the Board of Speech-Language Pathology and Audiology, 4052 Bald Cypress Way, Bin C-06, Tallahassee, Florida 32399-3256.

(4) Evaluation of the provisional licensee must include at least eighteen (18) hours of direct observations of diagnostic and therapeutic procedures. At least six (6) onsite evaluations must be accrued for each one-third of the provisional period. No more than nine (9) of the eighteen (18) hours may be accrued for evaluation of clinical records. The observations may include:

(a) Administration of evaluation procedures.

(b) Execution of therapeutic procedures.

(c) Evaluation of the provisional licensee's clinical records, including diagnostic and treatment reports, clinical correspondence management plans and conference summaries.

(5) Evaluation of a provisional licensee must include at least eighteen (18) hours of other monitoring activities. At least six (6) of these monitoring activities must be accrued for every third of the provisional period. These activities may include:

(a) Conferring with the provisional licensee concerning evaluations and management strategies.

(b) Monitoring the provisional licensee's participation in case conferences, contributions to professional meetings and publications.

(c) Evaluating the provisional licensee through conferences with professional colleagues, employees, patients and patients' families.

Rulemaking Authority 468.1135(4) FS. Law Implemented 468.1165 FS. History–New 3-14-91, Formerly 21LL-2.004, 61F14-2.004, Amended 9-26-95, Formerly 59BB-2.004, Amended 9-17-00, 2-14-07.

Complete forms may be sent to the board office at info@floridasspeechaudiology.gov, or mailed to:

Board *of* Speech-Language Pathology & Audiology
4052 Bald Cypress Way Bin C-06
Tallahassee, FL 32399-3256

Board *of* Speech-Language Pathology & Audiology Supplementary Evaluation for Every Three Months of the Professional Employment Experience

Provisional Licensee Name: _____

Select the appropriate license type:			
	Speech-Language Pathologist		Audiologist

I. Evaluation: First One-Third			
Area	**Below**	**Achieves**	**Exceeds**
1. Assessment/Diagnosis			
2. Habilitation/Rehabilitation			
3. Client/Patient Counseling			
4. Record Keeping			
5. Other			
Signature of Evaluator:			Date (MM/DD/YYYY):

II. Evaluation: Second One-Third			
Area	**Below**	**Achieves**	Exceeds
1. Assessment/Diagnosis			
2. Habilitation/Rehabilitation			
3. Client/Patient Counseling			
4. Record Keeping			
5. Other			
Signature of Evaluator:			Date (MM/DD/YYYY):

III. Evaluation: Third One-Third			
Area	**Below**	**Achieves**	**Exceeds**
1. Assessment/Diagnosis			
2. Habilitation/Rehabilitation			
3. Client/Patient Counseling			
4. Record Keeping			
5. Other			
Signature of Evaluator:			Date (MM/DD/YYYY):
Signature of Provisional Licensee:			Date (MM/DD/YYYY):

Board *of* Speech-Language Pathology & Audiology
Supplementary Evaluation for Every Three Months of the Professional Employment Experience

Provisional Licensee Name: _____

IV. Type of Evaluation Activity	
Activity	**Hours Per Week Spent by Provisional Licensee Performing Activity**
1. Assessment/Diagnosis	
2. Habilitation/Rehabilitation	
3. Client/Patient Counseling	
4. Record Keeping	
5. Other	
Total Hours:	

Indicate below the number of hours per week you spent providing on-site observation or other monitoring activities to the provisional licensee.

V. Evaluator's On-Site Observations and Monitoring Activities		
Activity	**On-Site Observations**	**Monitoring Activities**
1. Assessment/Diagnosis		
2. Habilitation/Rehabilitation		
3. Client/Patient Counseling		
4. Record Keeping		
5. Other		
Total Hours:	**Total # of On-Site Visits:**	**Total # of Monitoring Visits:**

VI. Certification	
I have discussed this report with the provisional licensee, and I recommend the provisional licensee for active licensure. I certify that the above information is true and correct to the best of my knowledge.	
Evaluator Signature:	Date (MM/DD/YYYY):
I have read and discussed this report with my evaluator. I certify that the above information is true and correct to the best of my knowledge.	
Provisional Licensee Signature:	Date (MM/DD/YYYY):

Complete forms may be sent to the board office at info@floridasspeechaudiology.gov, or mailed to:

Board *of* Speech-Language Pathology & Audiology
4052 Bald Cypress Way Bin C-06
Tallahassee, FL 32399-3256

Board *of* Speech-Language Pathology & Audiology
Supervisory Report for Provisional Licensees

Applicant Name: _____

Select the appropriate license type:			
	Speech-Language Pathologist		Audiologist

Each evaluator must complete a separate form verifying the professional employment experience they supervised.

I. General Information		
Evaluator Name:		
Business Phone:		
Evaluator License Number:	Speech-Language Pathologist	Audiologist
Evaluator Business Address:		
Office or Agency Where Experience Took Place:		
Office or Agency Address:		
Office or Agency Phone:		
II. Evaluation Period		
List the applicant's dates of professional employment experience below.		
Beginning (MM/DD/YYYY):	Ending (MM/DD/YYYY):	Total # Weeks Worked:
Number of hours the applicant worked per week:		
Signature of Provisional Licensee:		Date (MM/DD/YYYY):
Signature of Evaluator:		Date (MM/DD/YYYY):

64B20-5.005 Requirements for Renewal of Provisional License.

(1) Renewal is required of a provisional licensee whose license expires prior to completion of all requirements of rule 64B20-2.001, F.A.C.

(2) Any person renewing a provisional license to practice speech-language pathology or audiology shall apply to the Department of Health. The application for renewal of provisional license shall be made on Form SPA-5 (rev. 04/18), entitled "Application for Renewal of Provisional Licensure," which is incorporated herein by reference, and available from http://www.flrules.org/Gateway/reference.asp?No=Ref-09826, or the Board of Speech-Language Pathology and Audiology, Department of Health, at http://floridaspeechaudiology.gov/resources/.

(3) A provisional license shall be renewed upon receipt in the Board office of a completed application form, SPA-5; completed Form DH-SPA-2A (rev. 10/12), entitled "Verification of Employment for a Provisional Licensee," which is incorporated herein by reference, and available from http://www.flrules.org/Gateway/reference.asp?No=Ref-09827, or the Board of Speech-Language Pathology and Audiology, Department of Health, at http://floridaspeechaudiology.gov/resources/; and the provisional license fee established by rule 64B20-3.005, F.A.C.

(4) A provisional license may only be renewed once for a period of six (6) months.

Rulemaking Authority 468.1155(4) FS. Law Implemented 468.1155(4) FS. History–New 3-14-91, Formerly 21LL-5.005, 61F14-5.005, Amended 3-20-95, 8-17-95, Formerly 59BB-5.005, Amended 9-12-18.

THE FULL TEXT OF THE PROPOSED RULE IS:

64B20-5.005 Requirements for Renewal of Provisional License.

(1) Renewal is required of a provisional licensee whose license expires prior to completion of all requirements of rule 64B20-2.001, F.A.C.

(2) Any person renewing a provisional license to practice speech-language pathology or audiology shall apply to the Department of Health. The application for renewal of provisional license shall be made on Form SPA-5 (rev. 6/2020~~04/18~~), entitled "Application for Renewal of a Speech-Language Pathologist or Audiologist Provisional Licens~~ur~~e," which is incorporated herein by reference, and available from http://www.flrules.org/Gateway/reference.asp?No=Ref- ~~09826~~, or the Board of Speech-Language Pathology and Audiology, Department of Health, at http://floridaspeechaudiology.gov/resources/.

(3) A provisional license shall be renewed upon receipt in the Board office of a completed application form, SPA-5; completed Form DH-SPA-2A (rev. 6/2020~~10/12~~), entitled "Verification of Employment for a Provisional Licensee," which is incorporated herein by reference, and available from http://www.flrules.org/Gateway/reference.asp?No=Ref- ~~09827~~, or the Board of Speech-Language Pathology and Audiology, Department of Health, at http://floridaspeechaudiology.gov/resources/; and the provisional license fee established by rule 64B20-3.005, F.A.C.

(4) A provisional license may only be renewed once for a period of three (3) ~~six (6)~~ months.

Rulemaking Authority 468.1155(4) FS. Law Implemented 468.1155(4) FS. History–New 3-14-91, Formerly 21LL-5.005, 61F14-5.005, Amended 3-20-95, 8-17-95, Formerly 59BB-5.005, Amended 9-12-18,_____.

Complete verifications must be sent directly from the licensing agency to the board office at info@floridasspeechaudiology.gov, or mailed to:

Board *of* Speech-Language Pathology & Audiology
4052 Bald Cypress Way Bin C-06
Tallahassee, FL 32399-3256

Board *of* Speech-Language Pathology & Audiology
Verification of Employment (SPA-2A)

Applicant Name: _____

Select the appropriate license type:			
	Speech-Language Pathologist		Audiologist

License Number: _____

The remainder of this form is to be completed by the supervising licensed speech-language pathologist/audiologist verifying the employment.

Supervisor Name: _____

Select the appropriate license type:			
	Speech-Language Pathologist		Audiologist

License Number: _____

Business Address: _____

Business Telephone: _____

Office or Agency where experience will take place: _____

Certification:

I understand that pursuant to chapter (ch.) 468.1155(1), Florida Statutes (F.S.), a provisional license is required prior to the above-named applicant initiating the professional employment experience.

I certify that the professional employment shall include assessment, habilitation, and rehabilitation activities with the clients. The activities performed by the provisional licensee will be monitored and evaluated by an individual with an active license in the same area for which provisional licensure is being sought.

I acknowledge receipt of ch. 468, Part I, F.S., and related rules and further acknowledge that I have read these regulations. I understand that it is my responsibility to keep informed of any changes to ch. 468, Part I, F.S., and related rules.

I certify that the above information is true and correct to the best of my knowledge.

Supervisor Signature: _____ Date: _____
MM/DD/YYYY

Application for Renewal of a Speech-Language Pathologist or Audiologist Provisional License

Board of Speech-Language Pathology & Audiology
P.O. Box 6330
Tallahassee, FL 32314-6330
Website: https://floridasspeechaudiology.gov/
Email: info@floridasspeechaudiology.gov
Phone: (850) 245-4161
Fax: (850) 921-6184

Application for Renewal of a Speech-Language Pathologist or Audiologist Provisional License

Board of Speech-Language Pathology & Audiology
P.O. Box 6330
Tallahassee, FL 32314-6330
Fax: (850) 245-4161
Email: info@floridasspeechaudiology.gov

This application should be submitted 90 days prior to the expiration of a current provisional license.

Select one license type:	
	Speech-Language Pathologist (3001)
	Audiologist (3002)

License Number: _____ Expiration Date: _____
MM/DD/YYYY

1. PERSONAL INFORMATION

Name: _____ **Date of Birth:** _____
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your license should be sent)

_____ _____ _____
Street/P.O. Box Apt. No. City

_____ _____ _____ _____
State ZIP Country Home/Cell Telephone (Input without dashes)

Email Notification: To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: _____

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

2. APPLICANT BACKGROUND

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to any crime in any jurisdiction other than a minor traffic offense withheld since your last application to the department? You must include all misdemeanors and felonies, even if adjudication was withheld.

Reckless driving, driving while license suspended or revoked (DWSLR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question. Yes No

If you responded "Yes" to this question, complete the following:

Offense	Jurisdiction	Date (MM/DD/YYYY)	Final Disposition	Under Appeal?
				Y N
				Y N
				Y N

If you responded "Yes" to this question, you must provide the following:

Final Dispositions and **Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.

Name: _____ License Number: _____

3. APPLICANT SIGNATURE

I hereby authorize all hospitals, institutions, or organizations, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies and instrumentalities (local, state, federal, or foreign) to release to the Department of Health any information, files, or records requested by the department in connection with the processing of this application. I further authorize the department to release to the organizations, individuals, and groups listed above any information, which is material to my application.

I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if any when any material change in circumstances or conditions occur which might affect the board's decision concerning my eligibility for examination or licensure as required by chapter (ch.) 455.213(1), Florida Statutes (F.S.). Failure to do so may result in disciplinary action by the board including denial or licensure.

I have carefully read the questions in this application and have answered them completely without reservation of any kind, and I state under penalty of perjury that my answers and all statements made by me in this application are true and correct. Should I furnish any false information on this application, I agree that such act shall constitute cause for denial, suspension, or revocation of any license to practice in the state of Florida the profession for which I am applying.

I hereby acknowledge receipt of ch. 468, Part I, F.S., and related rules and further acknowledge that I have read these regulations. I understand that it is my responsibility to keep informed of any changes to ch. 468, Part, I, F.S. and related rules.

I understand that I am not permitted to practice the profession for which I am applying until I am issued a license or certificate to practice the profession.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature _____ Date _____

You may print this application and sign it or sign digitally. MM/DD/YYYY

If you have a change of address, you must provide written notification to the board office. Include your full name, old address, new address, and whether you are changing your mailing address or your physical location address.

Complete verifications must be sent directly from the licensing agency to the board office at info@floridasspeechaudiology.gov, or mailed to:

Board *of* Speech-Language Pathology & Audiology
4052 Bald Cypress Way Bin C-06
Tallahassee, FL 32399-3256

Board *of* Speech-Language Pathology & Audiology
Verification of Employment (SPA-2A)

Applicant Name: _____

Select the appropriate license type:			
	Speech-Language Pathologist		Audiologist

License Number: _____

The remainder of this form is to be completed by the supervising licensed speech-language pathologist/audiologist verifying the employment.

Supervisor Name: _____

Select the appropriate license type:			
	Speech-Language Pathologist		Audiologist

License Number: _____

Business Address: _____

Business Telephone: _____

Office or Agency where experience will take place: _____

Certification:

I understand that pursuant to chapter (ch.) 468.1155(1), Florida Statutes (F.S.), a provisional license is required prior to the above-named applicant initiating the professional employment experience.

I certify that the professional employment shall include assessment, habilitation, and rehabilitation activities with the clients. The activities performed by the provisional licensee will be monitored and evaluated by an individual with an active license in the same area for which provisional licensure is being sought.

I acknowledge receipt of ch. 468, Part I, F.S., and related rules and further acknowledge that I have read these regulations. I understand that it is my responsibility to keep informed of any changes to ch. 468, Part I, F.S., and related rules.

I certify that the above information is true and correct to the best of my knowledge.

Supervisor Signature: _____ Date: _____
MM/DD/YYYY

Emotional Support Animals

Laws of Florida 2020-76

Section 4. Paragraph (pp) is added to subsection (1) of section 456.072, Florida Statutes, to read:

456.072 Grounds for discipline; penalties; enforcement.—

(1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:

(pp) Providing information, including written documentation, indicating that a person has a disability or supporting a person's need for an emotional support animal under s. 760.27 without personal knowledge of the person's disability or disability-related need for the specific emotional support animal.

NEW VIOLATION REGARDING EMOTIONAL SUPPORT ANIMALS

64B20-7.001 Disciplinary Guidelines.

(1) Purpose. Pursuant to Section 456.079, F.S., the Board provides within this rule disciplinary guidelines which shall be imposed upon applicants or licensees whom it regulates under Chapter 468, Part I, F.S. The purpose of this rule is to notify applicants and licensees of the ranges of penalties which will routinely be imposed unless the Board finds it necessary to deviate from the guidelines for the stated reasons given within this rule. The ranges of penalties provided below are based upon a single count violation of each provision listed; multiple counts of the violated provisions or a combination of the violations may result in a higher penalty than that for a single, isolated violation. Each range includes the lowest and highest penalty and all penalties falling between. The purposes of the imposition of discipline are to punish the applicants or licensees for violations and to deter them from future violations; to offer opportunities for rehabilitation, when appropriate; and to deter other applicants or licensees from violations.

(2) Violations and Range of Penalties. In imposing discipline upon applicants and licensees, in proceedings pursuant to Sections 120.57(1) and (2), F.S., the Board shall act in accordance with the following disciplinary guidelines and shall impose a penalty within the range corresponding to the violations set forth below. The verbal identification of offenses is descriptive only; the full language of each statutory provision cited must be consulted in order to determine the conduct included.

VIOLATIONS	RECOMMENDED PENALTIES		
	FIRST OFFENSE	SECOND OFFENSE	THIRD OFFENSE
(ii) Providing information, including written documentation, indicating that a person has a disability or supporting a person's need for an emotional support animal under s. 760.27 without personal knowledge of the person's disability or disability-related need for the specific emotional support animal. (456.072(1)(pp), F.S.)	(ii) From a reprimand to probation of the license, and an administrative fine of $500.00 to $1,000.00.	(ii) From a reprimand to suspension of license, and an administrative fine of $1,000.00 to $5,000.00.	(ii) From supsension to revocation of license, and an administrative fine of $5,000.00 to $10,000.00.

Rulemaking Authority 456.079, 468.1135(4) FS. Law Implemented 456.063, 456.072, 456.076, 456.079, 468.1295, 468.1296 FS. History–New 2-7-91, Amended 11-9-92, Formerly 21LL-7.001, 61F14-7.001, 59BB-7.001, Amended 10-25-00, 4-14-02, 8-22-05, 12-28-05, 8-28-07, 8-28-12, 12-2-13, _____.

DRAFT

64B20-4.003 On-the-Job Training, Role and Observation of Speech-Language Pathology and Audiology Assistants.

(1) A licensee who employs a speech-language pathology assistant or an audiology assistant shall provide such assistant with on-the-job training, and shall maintain responsibility for all services performed or omitted by such assistant. The licensee shall not permit the assistant to perform any service on a client unless:

(a) The licensee provides the assistant with on-the-job training for each service for which there is no available documentation of a previously acquired competency; and,

(b) The assistant is clearly identified as an assistant by means of a nametag or similar identification.

(2) At a minimum, on-the-job training shall include step by step instruction and demonstration of each and every service the assistant is to perform and continuous visual observation by the licensee of the assistant's performance of such service until the licensee establishes the assistant's competency. The licensee shall maintain a record of each service indicating the activity, date, time, and location of the foregoing demonstration and observations concerning competency. The record shall be signed by both the licensee and the assistant and a copy thereof shall be provided to the assistant and shall be maintained by the supervising licensee for the duration of employment and shall be maintained by the assistant as long as the assistant is certified by the Board. A new supervising licensee shall obtain and maintain for the duration of employment, records demonstrating competency for all services performed by the assistant. Upon request of the Department or Board, the supervising licensee and the assistant shall produce the documentation of competency records required herein.

(3) The speech-language pathology or audiology licensee shall notify the Department within thirty (30) days of any changes in the roster of assistants registered under his or her name by submitting Form DH-MQA 1269 (4/13), entitled "Board of Speech-Language Pathology and Audiology Assistant Activity and Supervisory Plan," hereby adopted and incorporated by reference, and can be obtained from the following website at http://www.flrules.org/Gateway/reference.asp?No=Ref-03085, or http://www.doh.state.fl.us/mqa/speech/index.html.

(4) Following the completion of on-the-job training, the speech-language pathology assistant shall engage only in those services that are planned, designed and supervised by the speech-language pathology licensee. The scope of services which a speech-language pathology assistant may provide includes:

(a) Record case history information.

(b) Screen speech, language or hearing by the use of procedures that are included in published material containing directions for administration and scoring.

(c) Implement, without diagnostic interpretation, evaluative procedures that are:

1. Planned and designed by the licensee; and,

2. Included in published materials which have directions for administration and scoring.

(d) Implement treatment programs that:

1. Are planned and designed by the licensee to meet pre-established goals; and,

2. Contain pre-established criteria for mastery.

(e) Record, chart, graph or otherwise display data relative to client performance.

(f) Perform clerical functions necessary to maintain clinical records.

(g) Report changes in client performance to the licensee having responsibility for that client.

(h) Prepare clinical materials.

(i) Test equipment to determine if the equipment is performing according to published specifications.

(j) Participate with the licensee in research projects, in-service training, public relations programs, or similar activities as planned, designed and directed by the licensee.

(k) Serve as an interpreter (translator) for the speech-language pathology licensee during clinical procedures.

(l) Assist in the evaluation or treatment of difficult-to-test clients.

(5) The speech-language pathology licensee shall not delegate to the speech-language pathology assistant any tasks which call for a diagnostic interpretation or put the client at physical risk. The following tasks shall not be delegated to a speech-language pathology assistant:

(a) Conducting the initial interview with the client.

(b) Performing initial testing or evaluation.

(c) Determining or discussing specific diagnoses with the client or making statements regarding prognosis or levels of proficiency.

(d) Relating or discussing with clients or consumers of services the reports from other professionals or related services unless those findings have previously been interpreted and reported by the supervising licensee.

(e) Providing any interpretation or elaboration of information that is contained in reports written by the licensee, although he or she may, upon assignment from the licensee, present information regarding clients at staffings or conferences; however, the assistant may discuss with the client or consumer specifically observed behaviors that have occurred during a treatment when they are supported by objective data.

(f) Performing any procedure where there is a risk of physical injury as a result of the procedure; specifically, the insertion of tracheoesophageal prostheses or catheter into the esophageal puncture; endoscopy; administration of barium or other substances for the assessment of swallowing; fitting or insertion of tracheal valves or instrumentation for generation of voice; and initial measurements and fitting of oral prostheses.

(g) Devising or planning treatment based upon assessment or diagnostic findings.

(h) Providing counseling to the client or to his or her family.

(i) Making referrals for additional services.

(j) Signing any document without the co-signature of the licensee.

(k) Using any title other than the Speech-Language Pathology Assistant.

(l) Determining patient or client dismissal criteria have been met.

(6) Following the completion of on-the-job training by the supervising audiology licensee, the audiology assistant may engage only in those services that are planned, designed, and supervised by the licensee.

(7) The audiology licensee may permit the audiology assistant to perform the following services under the direct supervision of the supervising licensee:

(a) Conduct basic hearing testing without diagnostic interpretation, including air and bone conduction thresholds and speech audiometry.

(b) Conduct impedance audiometric testing.

(c) Assist in the evaluation of difficult-to-test patients.

(d) Record case history information.

(e) Assist in conducting real ear measurements.

(f) Assist in ABR, ENG, and otoacoustic emissions testing.

(g) Report changes in client performance to the audiology licensee having responsibility for that client.

(h) Participate with the audiology licensee in research projects, in-service training, in public relations programs, or similar activities as planned, designed and directed by the audiology licensee.

(i) Assistant in implementing a plan or program for management and/or treatment developed by the supervising audiology licensee.

(8) The following activities of a certified audiology assistant are permitted under the responsible supervision of the supervising audiologist without the requirement of the physical presence of a supervising audiologist:

(a) Demonstrate assistive listening devices.

(b) Test hearing aids to determine if they meet appropriate specification and/or mechanical performance.

(c) Demonstrate care and use of the hearing aid controls, battery insertion and insertion of the hearing aid or ear mold into the ear.

(d) Perform clerical functions necessary to maintain clinical records.

(e) Prepare clinical materials and where appropriate, in accordance with universal precautions.

(f) Test equipment to determine if the equipment is performing according to published specifications.

(g) Screen hearing using established criteria on a pass/fail basis, including but not limited to newborn hearing screening.

(9) The audiology licensee shall not delegate to the audiology assistant any tasks which call for a diagnostic interpretation or put the client at physical risk. The following tasks shall not be delegated to an audiology assistant:

(a) Providing diagnostic services to children below the age of five years or to other clients whose hearing impairment, medical condition, behavior or other disabling condition would preclude the use of services from anyone other than the licensed audiologist.

(b) Performing any procedure where there is a risk of physical injury as a result of the procedure; specifically, where injury to the physical structures of hearing is likely to occur.

(c) Developing a plan of care or treatment for auditory or vestibular disorders.

(10) The speech-language pathologist shall directly observe the speech-language pathology assistant's service as follows:

(a) During the first 12 months of continuous employment on at least one occasion, and if treatment is provided, a minimum of one session every 30 days per client or more frequently depending upon the individual client's needs.

(b) Following the first 12 months of continuous employment on at least one occasion and, if treatment is provided, a minimum of one session every 60 days or more frequently depending upon the individual client's needs.

(11) A speech-language pathology assistant who has greater than 12 months continuous employment at one site and changes employment settings shall, for the first 30 calendar days of employment within a new facility, be provided the same level of supervision/observation as required for new assistants. After the initial 30 days, with licensee certification of competency, then the assistant will be provided supervision as required for the assistant who has greater than 12 months experience.

Rulemaking Authority 468.1135(4) FS. Law Implemented 468.1125(3), (4), 468.1215 FS. History–New 3-14-91, Formerly 21LL-4.003, 61F14-4.003, Amended 9-8-94, 8-17-95, Formerly 59BB-4.003, Amended 2-2-04, 2-21-05, 9-9-13, 3-18-20.

64B20-4.003 On-the-Job Training, Role and Observation of Speech-Language Pathology and Audiology Assistants.

(1) A licensee who employs a speech-language pathology assistant or an audiology assistant shall provide such assistant with on-the-job training, and shall maintain responsibility for all services performed or omitted by such assistant. The licensee shall not permit the assistant to perform any service on a client unless:

(a) The licensee provides the assistant with on-the-job training for each service for which there is no available documentation of a previously acquired competency; and,

(b) The assistant is clearly identified as an assistant by means of a nametag or similar identification.

(2) At a minimum, on-the-job training shall include step by step instruction and demonstration of each and every service the assistant is to perform and continuous visual observation by the licensee of the assistant's performance of such service until the licensee establishes the assistant's competency. The licensee shall maintain a record of each service indicating the activity, date, time, and location of the foregoing demonstration and observations concerning competency. The record shall be signed by both the licensee and the assistant and a copy thereof shall be provided to the assistant and shall be maintained by the supervising licensee for the duration of employment and shall be maintained by the assistant as long as the assistant is certified by the Board. A new supervising licensee shall obtain and maintain for the duration of employment, records demonstrating competency for all services performed by the assistant. Upon request of the Department or Board, the supervising licensee and the assistant shall produce the documentation of competency records required herein.

(3) The speech-language pathology or audiology licensee shall notify the Department within thirty (30) days of any changes in the roster of assistants registered under his or her name by submitting Form DH-MQA 1269 (4/13), entitled "Board of Speech-Language Pathology and Audiology Assistant Activity and Supervisory Plan," hereby adopted and incorporated by reference, and can be obtained from the following website at http://www.flrules.org/Gateway/reference.asp?No=Ref-03085, or http://www.doh.state.fl.us/mqa/speech/index.html.

(4) Following the completion of on-the-job training, the speech-language pathology assistant shall engage only in those services that are planned, designed and supervised by the speech-language pathology licensee. The scope of services which a speech-language pathology assistant may provide includes:

(a) Record case history information.

(b) Screen speech, language or hearing by the use of procedures that are included in published material containing directions for administration and scoring.

(c) Implement, without diagnostic interpretation, evaluative procedures that are:

1. Planned and designed by the licensee; and,

2. Included in published materials which have directions for administration and scoring.

(d) Implement treatment programs that:

1. Are planned and designed by the licensee to meet pre-established goals; and,

2. Contain pre-established criteria for mastery.

(e) Record, chart, graph or otherwise display data relative to client performance.

(f) Perform clerical functions necessary to maintain clinical records.

(g) Report changes in client performance to the licensee having responsibility for that client.

(h) Prepare clinical materials.

(i) Test equipment to determine if the equipment is performing according to published specifications.

(j) Participate with the licensee in research projects, in-service training, public relations programs, or similar activities as planned, designed and directed by the licensee.

(k) Serve as an interpreter (translator) for the speech-language pathology licensee during clinical procedures.

(l) Assist in the evaluation or treatment of difficult-to-test clients.

(5) The speech-language pathology licensee shall not delegate to the speech-language pathology assistant any tasks which call for a diagnostic interpretation or put the client at physical risk. The following tasks shall not be delegated to a speech-language pathology assistant:

(a) Conducting the initial interview with the client.

(b) Performing initial testing or evaluation.

(c) Determining or discussing specific diagnoses with the client or making statements regarding prognosis or levels of proficiency.

(d) Relating or discussing with clients or consumers of services the reports from other professionals or related services unless those findings have previously been interpreted and reported by the supervising licensee.

(e) Providing any interpretation or elaboration of information that is contained in reports written by the licensee, although he or she may, upon assignment from the licensee, present information regarding clients at staffings or conferences; however, the assistant may discuss with the client or consumer specifically observed behaviors that have occurred during a treatment when they are supported by objective data.

(f) Performing any procedure where there is a risk of physical injury as a result of the procedure; specifically, the insertion of tracheoesophageal prostheses or catheter into the esophageal puncture; endoscopy; administration of barium or other substances for the assessment of swallowing; fitting or insertion of tracheal valves or instrumentation for generation of voice; and initial measurements and fitting of oral prostheses.

(g) Devising or planning treatment based upon assessment or diagnostic findings.

(h) Providing counseling to the client or to his or her family.

(i) Making referrals for additional services.

(j) Signing any document without the co-signature of the licensee.

(k) Using any title other than the Speech-Language Pathology Assistant.

(l) Determining patient or client dismissal criteria have been met.

(6) Following the completion of on-the-job training by the supervising audiology licensee, the audiology assistant may engage only in those services that are planned, designed, and supervised by the licensee.

(7) The audiology licensee may permit the audiology assistant to perform the following services under the direct supervision of the supervising licensee <u>or when acting pursuant to Board of Speech Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0046, F.A.C., in order for the licensee to be available for consultation and direction</u>:

(a) Conduct basic hearing testing without diagnostic interpretation, including air and bone conduction thresholds and speech audiometry.

(b) Conduct impedance audiometric testing.

(c) Assist in the evaluation of difficult-to-test patients.

(d) Record case history information.

(e) Assist in conducting real ear measurements.

(f) Assist in ABR, ENG, and otoacoustic emissions testing.

(g) Report changes in client performance to the audiology licensee having responsibility for that client.

(h) Participate with the audiology licensee in research projects, in-service training, in public relations programs, or similar activities as planned, designed and directed by the audiology licensee.

(i) Assistant in implementing a plan or program for management and/or treatment developed by the supervising audiology licensee.

(8) The following activities of a certified audiology assistant are permitted under the responsible supervision of the supervising audiologist without the requirement of the physical presence of a supervising audiologist:

(a) Demonstrate assistive listening devices.

(b) Test hearing aids to determine if they meet appropriate specification and/or mechanical performance.

(c) Demonstrate care and use of the hearing aid controls, battery insertion and insertion of the hearing aid or ear mold into the ear.

(d) Perform clerical functions necessary to maintain clinical records.

(e) Prepare clinical materials and where appropriate, in accordance with universal precautions.

(f) Test equipment to determine if the equipment is performing according to published specifications.

(g) Screen hearing using established criteria on a pass/fail basis, including but not limited to newborn hearing screening.

(9) The audiology licensee shall not delegate to the audiology assistant any tasks which call for a diagnostic interpretation or put the client at physical risk. The following tasks shall not be delegated to an audiology assistant:

(a) Providing diagnostic services to children below the age of five years or to other clients whose hearing impairment, medical condition, behavior or other disabling condition would preclude the use of services from anyone other than the licensed audiologist.

(b) Performing any procedure where there is a risk of physical injury as a result of the procedure; specifically, where injury to the physical structures of hearing is likely to occur.

(c) Developing a plan of care or treatment for auditory or vestibular disorders.

(10) The speech-language pathologist shall directly observe the speech-language pathology assistant's service as follows:

(a) During the first 12 months of continuous employment on at least one occasion, and if treatment is provided, a minimum of one session every 30 days per client or more frequently depending upon the individual client's needs.

(b) Following the first 12 months of continuous employment on at least one occasion and, if treatment is provided, a minimum of one session every 60 days or more frequently depending upon the individual client's needs.

(11) A speech-language pathology assistant who has greater than 12 months continuous employment at one site and changes employment settings shall, for the first 30 calendar days of employment within a new facility, be provided the same level of supervision/observation as required for new assistants. After the initial 30 days, with licensee certification of competency, then the assistant will be provided supervision as required for the assistant who has greater than 12 months experience.

Rulemaking Authority 468.1135(4) FS. Law Implemented 468.1125(3), (4), 468.1215 FS. History–New 3-14-91, Formerly 21LL-4.003, 61F14-4.003, Amended 9-8-94, 8-17-95, Formerly 59BB-4.003, Amended 2-2-04, 2-21-05, 9-9-13, 3-18-20,___-_-__.

64B20-4.004 Supervision of Speech-Language Pathology Assistants and Audiology Assistants.

(1) A licensee shall supervise and be responsible for all client services provided by an assistant.

(2) Any licensee who employs a speech-language pathology assistant or audiology assistant shall shall notify the Department of all new assistants or other changes in assistants under the licensee's supervision by submitting Form 1269, entitled "Board of Speech-Language Pathology and Audiology Assistant Activity and Supervisory Plan" set forth in Rule 64B20-4.003, F.A.C., and the licensee also shall:

(a) Ensure that the assistant is not responsible for making decisions regarding the diagnosis, management and future disposition of clients.

(b) Ensure that the assistant is assigned only to those duties for which the assistant has been specifically trained and is authorized to perform under Chapter 468, Part I, F.S., and Rule Division 64B20, F.A.C.

(c) Maintain contact with each client during the course of clinical management.

(d) Conduct performance reviews on the assistant on a quarterly basis during the first year of employment, on an annual basis thereafter, and on termination. Such reviews shall document direct observation of the role and of the task experience of the assistant. These reviews shall be signed by the supervisor and the assistant. These reviews shall be retained for four (4) years by the licensee and submitted to the Board upon request. Performance reviews shall be submitted to the Board office on Form SPA3-D, entitled "Evaluation Report for Speech-Language Pathology and Audiology Assistants," effective 9-8-94, which is hereby incorporated by reference. Copies of the form are available from the Board office, located at Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399-3256.

(e) Reassess and redesign programs when either the task or the environment changes significantly.

(f) Discontinue clinical services provided by the assistant should conditions arise in which any of the above cannot be adhered to.

(3) Assistants must be under the direct supervision of a licensee who has met all the requirements of Section 468.1185, F.S. Direct supervision requires the physical presence of the licensee in the same facility when the assistant is carrying out assigned responsibilities, unless acting pursuant to Board of Speech Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0045, F.A.C., in order for the licensee to be available for consultation and direction The supervising licensee shall make provisions for emergency situations including the designation of another licensee who has agreed to be available to provide direct supervision to the assistant when the supervising licensee is not available. In the event that a supervising licensee is not on the premises, the assistant may only perform duties not involving direct client contact unless acting pursuant to Board of Speech Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0045, F.A.C.

(4) The maximum number of assistants supervised by one licensee shall not exceed two (2) full-time or three (3) part-time assistants.

(5) In the event that multiple licensees are employed by a business entity, an assistant may be supervised by more than one licensee, but no more than three licensees, when the following conditions are met:

(a) The assistant has been continuously employed for more than twelve (12) months;

(b) The assistant has been in that employment setting for more than 30 days;

(c) Each individual licensee takes responsibility for training, planning, and supervising the assistant or assistants for those clients for whom they have direct responsibility; and,

(d) One primary supervisor shall be designated to be responsible for conducting performance reviews and notifying the Department of any changes in the supervisory plan or roster.

Rulemaking Authority 468.1125(9) FS. Law Implemented 468.1125(3), (4), (9) FS. History–New 3-14-91, Amended 11-3-92, 2-4-93, Formerly 21LL-4.004, 61F14-4.004, Amended 9-8-94, 8-17-95, 5-22-96, Formerly 59BB-4.004, Amended 9-9-13, 3-18-20.

64B20-4.004 Supervision of Speech-Language Pathology Assistants and Audiology Assistants.

(1) A licensee shall supervise and be responsible for all client services provided by an assistant.

(2) Any licensee who employs a speech-language pathology assistant or audiology assistant shall shall notify the Department of all new assistants or other changes in assistants under the licensee's supervision by submitting Form 1269, entitled "Board of Speech-Language Pathology and Audiology Assistant Activity and Supervisory Plan" set forth in Rule 64B20-4.003, F.A.C., and the licensee also shall:

(a) Ensure that the assistant is not responsible for making decisions regarding the diagnosis, management and future disposition of clients.

(b) Ensure that the assistant is assigned only to those duties for which the assistant has been specifically trained and is authorized to perform under Chapter 468, Part I, F.S., and Rule Division 64B20, F.A.C.

(c) Maintain contact with each client during the course of clinical management.

(d) Conduct performance reviews on the assistant on a quarterly basis during the first year of employment, on an annual basis thereafter, and on termination. Such reviews shall document direct observation of the role and of the task experience of the assistant. These reviews shall be signed by the supervisor and the assistant. These reviews shall be retained for four (4) years by the licensee and submitted to the Board upon request. Performance reviews shall be submitted to the Board office on Form SPA3-D, entitled "Evaluation Report for Speech-Language Pathology and Audiology Assistants," effective 9-8-94, which is hereby incorporated by reference. Copies of the form are available from the Board office, located at Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399-3256.

(e) Reassess and redesign programs when either the task or the environment changes significantly.

(f) Discontinue clinical services provided by the assistant should conditions arise in which any of the above cannot be adhered to.

(3) Assistants must be under the direct supervision of a licensee who has met all the requirements of Section 468.1185, F.S. Direct supervision requires the physical presence of the licensee in the same facility when the assistant is carrying out assigned responsibilities, unless acting pursuant to Board of Speech Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0045 <u>or Rule 64B20-4.0046</u>, F.A.C., in order for the licensee to be available for consultation and direction The supervising licensee shall make provisions for emergency situations including the designation of another licensee who has agreed to be available to provide direct supervision to the assistant when the supervising licensee is not available. In the event that a supervising licensee is not on the premises, the assistant may only perform duties not involving direct client contact unless acting pursuant to Board of Speech Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0045 <u>or Rule 64B20-4.0046</u>, F.A.C.

(4) The maximum number of assistants supervised by one licensee shall not exceed two (2) full-time or three (3) part-time assistants.

(5) In the event that multiple licensees are employed by a business entity, an assistant may be supervised by more than one licensee, but no more than three licensees, when the following conditions are met:

(a) The assistant has been continuously employed for more than twelve (12) months;

(b) The assistant has been in that employment setting for more than 30 days;

(c) Each individual licensee takes responsibility for training, planning, and supervising the assistant or assistants for those clients for whom they have direct responsibility; and,

(d) One primary supervisor shall be designated to be responsible for conducting performance reviews and notifying the Department of any changes in the supervisory plan or roster.

Rulemaking Authority 468.1125(9) FS. Law Implemented 468.1125(3), (4), (9) FS. History–New 3-14-91, Amended 11-3-92, 2-4-93, Formerly 21LL-4.004, 61F14-4.004, Amended 9-8-94, 8-17-95, 5-22-96, Formerly 59BB-4.004, Amended 9-9-13, 3-18-20.

64B20-4.0046 Board Established and Approved Protocols for Audiology Assistants.

(1) The following are Board of Speech-Language Pathology and Audiology established and approved protocols for consultation and supervision of audiology assistants prior to providing services in a location distant to the supervising licensee pursuant to Section 468.1125(9), F.S., Rules 64B20-4.003 and 64B20-4.004, F.A.C.:

(2) Competency of duties for which the assistant has been specifically trained and is authorized to perform under Chapter 468, F.S. and Rule 64B20, F.A.C. in the areas defined in subsection 64B20-4.003(7), F.A.C.

(a) Once competency is achieved, Form DH50XX-MQA entitled, "Audiology Assistant Collaborative Practice Agreement," (XX/20), which is incorporated by reference herein, and can be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-, must be signed by supervising licensee and audiology assistant confirming the mutual agreement between the licensee and the assistant are acting under established and approved Board of Speech-Language Pathology and Audiology protocols.

(b) The written protocol Form DH50XX-MQA-XX/20 signed by the licensed Audiologist (AUD) and the Audiology Assistant (AA) shall minimally include the following:

1. General Information

2. Description of Duties of the AA

3. Description of Duties of the AUD

4. Certification

5. Designated Licensee

(c) Supervising licensee shall require the availability of the supervising audiologist for consultation with and direction of the supervised assistant must be available via synchronous telecommunication.

(2) The licensed supervising audiologist will maintain full ethical and legal responsibility for all actions of the assistant when services are provided.

(3) The licensed supervising audiologist must hold a clear and active license within the state of Florida.

Rulemaking Authority 468.1125(9) FS. Law Implemented 468.1125(3), (9) FS. History–New _____.

DRAFT

Written Audiology Assistant Collaborative Practice Agreement Form

DH50XX-MQA-XX/20

Print clearly or type the following:

AUDIOLOGY ASSISTANT APPLICANT NAME:_____

LICENSE NUMBER:_____ ADDRESS:_____

_____

PHONE: _____

GENERAL INFORMATION

Supervising Licensee Name:_____

Supervising Licensee License Number:_____

Supervising Licensee Business Address:_____

Supervising Licensee Business Phone:_____

ADDITIONAL PRACTICE LOCATIONS

Office or Agency Address: :_____

Office or Agency Address:_____

(additional pages may be added for additional locations)

COMPETENCY EVALUATION PERIOD

Office or Agency Address Where Experience Took Place:_____

Office or Agency Additional Address: _____

Dates of the Applicant's Professional Employment Experience:

Beginning:_____Ending:_____

Month/Day/Year Month/Day/Year

Average Number Hours Applicant Worked Per Week:_____

DESCRIPTION OF DUTIES OF AUDIOLOGY ASSISTANT Rule 64B20-4.003(7), F.A.C.:

(check all services in which AA has demonstrated competency)

- □ Conduct basic hearing testing without diagnostic interpretation, including air and bone conduction thresholds and speech audiometry.
- □ Conduct impedance audiometric testing.
- □ Assist in the evaluation of difficult-to-test patients.
- □ Record case history information.
- □ Assist in conducting real ear measurements.
- □ Assist in ABR, ENG, and otoacoustic emissions testing.
- □ Report changes in client performance to the audiology licensee having responsibility for that client.
- □ Participate with the audiology licensee in research projects, in-service training, in public relations programs, or similar activities as planned, designed and directed by the audiology licensee.
- □ Assist in implementing a plan or program for management and/or treatment developed by the supervising audiology licensee.

DESCRIPTION OF DUTIES OF AUDIOLOGIST pursuant to Rule 64B20-4.003(9); pursuant to Rule 64B20-4.004 (4-5).

DRAFT

CERTIFICATION:

I have discussed the Audiology Assistant Collaborative Practice document with the assistant and recommend the assistant to enter into a Written Protocol Agreement. I attest the competency of the assistant to perform duties for which the assistant has been specifically trained and is authorized to perform under Chapter 468, Part I, F.S., and Rule 64820-4.003 and Rule 64820-4.004, F.A.C.

I certify that the above information is true and correct to the best of my knowledge.

_____

Signature of the Supervising Licensee Date

I have read and discussed this protocol with my evaluat or. I certify that the above information is true and correct to the best of my knowledge.

_____

Signature of Assistant Date

The supervising licensee shall make provisions for emergency situations including the designation of another licensee who has agreed to be available to provide supervision to the assistant when the supervising licensee is not available acting pursuant to Board of Speech Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0046, F.A.C.

The record signed by both the licensee and the assistant and a copy thereof shall be provided to the assistant and shall be maintained by the supervising licensee and the assistant for the duration of employment working under the protocol and shall be maintained by the assistant and supervising licensee for four years after termination of employment. Upon request of the Department or Board, the supervising licensee and the assistant shall produce the documentation of competency records required in Rule 64B20-4.003, F.A.C.

This form is *not transferable.*

Written Protocol: Audiology Assistant Collaborative Practice Agreement is valid for one year from date of certification.

DRAFT

Attachment 2

Written Audiology Assistant Collaborative Practice Agreement
Form DH50??-MQA-5/2020 (?)

Print clearly or type the following:
AUDIOLOGY ASSISTANT APPLICANT NAME: _____
LICENSE NUMBER: _____ ADDRESS: _____
_____
PHONE: _____

GENERAL INFORMATION
Supervising Licensee Name: _____
Supervising Licensee License Number: _____
Supervising Licensee Business Address: _____
Supervising Licensee Business Phone: _____

ADDITIONAL PRACTICE LOCATIONS
Office or Agency Address: _____
Office or Agency Address: _____
(additional pages may be added for additional locations)

COMPETENCY EVALUATION PERIOD
Office or Agency Address Where Experience Took Place: _____
Office or Agency Additional Address: _____
Dates of the Applicant's Professional Employment Experience:
Beginning: _____ Ending: _____
Month/Day/Year Month/Day/Year
Average Number Hours Applicant Worked Per Week: _____

DESCRIPTION OF DUTIES OF AUDIOLOGY ASSISTANT Rule 64B20-4.003 (7):
(check all services in which AA has demonstrated competency)

☐ Conduct basic hearing testing without diagnostic interpretation, including air and bone conduction thresholds and speech audiometry.
☐ Conduct impedance audiometric testing.
☐ Assist in the evaluation of difficult-to-test patients.
☐ Record case history information.
☐ Assist in conducting real ear measurements.
☐ Assist in ABR, ENG, and otoacoustic emissions testing.
☐ Report changes in client performance to the audiology licensee having responsibility for that client.
☐ Participate with the audiology licensee in research projects, in-service training, in public relations programs, or similar activities as planned, designed and directed by the audiology licensee.
☐ Assist in implementing a plan or program for management and/or treatment developed by the supervising audiology licensee.

CERTIFICATION:

I have discussed the Audiology Assistant Collaborative Practice document with the assistant and recommend the assistant to enter into a Written Protocol Agreement. I attest the competency of the assistant to perform duties for which the assistant has been specifically trained and is authorized to perform under Chapter 468, Part I, F.S., and Rule 64B20-4.003 and Rule 64B20-4.004, F.A.C.

I certify that the above information is true and correct to the best of my knowledge.

_____

Signature of the Supervising Licensee Date

I have read and discussed this protocol with my evaluator. I certify that the above information is true and correct to the best of my knowledge.

_____

Signature of Assistant Date

The supervising licensee shall make provisions for emergency situations including the designation of another licensee who has agreed to be available to provide supervision to the assistant when the supervising licensee is not available acting pursuant to Board of Speech Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0046, F.A.C.

The record signed by both the licensee and the assistant and a copy thereof shall be provided to the assistant and shall be maintained by the supervising licensee and the assistant for the duration of employment working under the protocol and shall be maintained by the assistant and supervising licensee for four years after termination of employment. Upon request of the Department or Board, the supervising licensee and the assistant shall produce the documentation of competency records required in Rule 64B20-4.003, F.A.C.

This form is *not transferable*.

Written Protocol: Audiology Assistant Collaborative Practice Agreement is valid for one year from date of certification.

FLORIDA | Board *of* Speech-Language Pathology and Audiology

Ad Hoc Committee Meeting Agenda

September 29, 2020
1:00 p.m.

Conference Number: 1-888-585-9008
Conference Code: 346-983-002

Peter Johnson, PhD
Chair

Frederick Rahe, Au.D.
Vice-Chair

Kama Monroe
Executive Director

Tuesday, September 29, 2020

Meeting will be called to order at 1:00 p.m. or soon thereafter.

Call to Order: Frederick Rahe, Vice Chair
Roll Call: Carol Taylor, Program Operations Administrator

AGENDA

COMMITTEE ITEMS

TAB 1-FLAA RREQUEST FOR PROTOCOL ADDITION TO RULE 64B20-4.004

Letter from Florida Academy of Audiology

ADJOURN

June 8, 2020

TO: Florida Board of Speech-Language Pathology and Audiology ("the Board") and Board Ad Hoc Committee

FROM: Suzanne Younker, Au.D., Julia Andrews, Au.D., Barry Friedman, Ph.D., Jodi Conter, Au.D., Dan Gardner, Au.D., Lydia Gladwin, Au.D., and Debra Griffin, Au.D.
Representing the Florida Academy of Audiology ("FLAA")

Dear Board Ad Hoc Committee Members,

Please allow this letter to document a request submitted on behalf of the Florida Academy of Audiology and representing Florida audiologists.

1) We request the Board to adopt a new protocol into rule temporarily titled Rule 64B20-4.0046 that defines the ability for licensees to be available for consultation and direction for Audiology Assistants via synchronous telecommunications. Please see attachment 1 for the language of the new rule that specifies the protocol for allowing this method of supervision.
2) We request that Board to adopt a new protocol form titled Written Audiology Assistant Collaborative Practice Agreement with temporary reference number Form DH50??-MQA-5/2020 (?). The use of this form is defined in the proposed protocol defined in the proposed rule temporarily titled Rule 64B20-4.0046. The Form is below as attachment 2.

Following initial review and comment by the Florida Board Ad Hoc Committee, FLAA formally requests to be included on the board meeting agenda that is scheduled for June 15, 2020. If appropriate, the FLAA Ad Hoc Committee could be available for a meeting via conference call to discuss the proposal prior to the June 15th Board meeting.

We welcome your comments. Thank you for your time and attention,

Suzanne Younker, Au.D.
Representing FLAA Board Ad Hoc Committee

Attachment 1

CHAPTER 64B20-4

ASSISTANTS

64B20-4.001 Certification of Assistants

64B20-4.002 Educational Requirements for Assistants

64B20-4.003 On-the-Job Training, Role and Observation of Speech-Language Pathology and Audiology Assistants

64B20-4.004 Supervision of Speech-Language Pathology Assistants and Audiology Assistants

64B20-4.0045 Board Established and Approved Protocols for Speech-Language Pathology Assistants

64B20-4.001 Certification of Assistants.

Any person desiring to be certified as a speech-language pathology assistant or audiology assistant shall apply to the Department of Health. The application shall be made on Form DH-SPA-3, Application for Speech-Language Pathology or Audiology Assistant Certification, which is incorporated by reference herein, revised (11/19), and can be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-11841, or the Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399-3256 or at http://floridasspeechaudiology.gov/resources/. Such application and application fee required pursuant to Rule 64B20-3.0001, F.A.C., shall expire one year from the date on which the application and fee are initially received in the Board office. After the period of one year, a new application and application fee must be submitted.

Rulemaking Authority 456.013, 468.1125(9), 468.1135(4) FS. Law Implemented 456.013, 456.0635, 468.1125(3), (9), 468.1215 FS. History–New 3-14-91, Amended 12-4-91, Formerly 21LL-4.001, Amended 10-12-93, Formerly 61F14-4.001, Amended 5-22-96, Formerly 59BB-4.001, Amended 7-16-09, 4-18-10, 7-13-13, 9-9-13, 10-23-16, 4-20-20.

64B20-4.002 Educational Requirements for Assistants.

(1) Candidates for certification as a speech-language pathology assistant shall submit to the Board an official transcript or transcripts evidencing that they have earned a bachelor's degree which includes at least 24 semester hours of coursework at an institution as described in subsection 64B20-2.002(1), F.A.C., to include:

(a) Nine (9) semester hours in courses that provide fundamental information applicable to normal human growth and development, psychology, and normal development and use of speech, hearing and language.

(b) Fifteen (15) semester hours in courses that provide information about and observation of speech, hearing, language disorders, general phonetics, basic articulation, screening and therapy, basic audiometry, or auditory training.

(2) Candidates for certification as an audiology assistant shall submit to the Board documentation evidencing that they have completed a high school education or its equivalent.

(3) The provisions of this rule shall not apply to any student, intern or trainee performing speech-language pathology or audiology services while completing a clinical practicum as required by subsection 64B20-2.002, F.A.C.

Rulemaking Authority 468.1135(4), 468.1215(3) FS. Law Implemented 468.1215(1), (2) FS. History–New 3-14-91, Formerly 21LL-4.002, Amended 10-12-93, Formerly 61F14-4.002, 59BB-4.002, Amended 2-14-01, 2-2-04, 2-14-07.

64B20-4.003 On-the-Job Training, Role and Observation of Speech-Language Pathology and Audiology Assistants.

(1) A licensee who employs a speech-language pathology assistant or an audiology assistant shall provide such assistant with on-the-job training, and shall maintain responsibility for all services performed or omitted by such assistant. The licensee shall not permit the assistant to perform any service on a client unless:

(a) The licensee provides the assistant with on-the-job training for each service for which there is no available documentation of a previously acquired competency; and,

(b) The assistant is clearly identified as an assistant by means of a nametag or similar identification.

(2) At a minimum, on-the-job training shall include step by step instruction and demonstration of each and every service the assistant is to perform and continuous visual observation by the licensee of the assistant's performance of such service until the licensee establishes the assistant's competency. The licensee shall maintain a record of each service indicating the activity, date, time, and location of the foregoing demonstration and observations concerning competency. The record shall be signed by both the licensee and the assistant and a copy thereof shall be provided to the assistant and shall be maintained by the supervising licensee for the duration of employment and shall be maintained by the assistant as long as the assistant is certified by the Board. A new supervising licensee shall obtain and maintain for the duration of employment, records demonstrating competency for all services performed by the assistant. Upon request of the Department or Board, the supervising licensee and the assistant shall produce the documentation of competency records required herein.

(3) The speech-language pathology or audiology licensee shall notify the Department within thirty (30) days of any changes in the roster of assistants registered under his or her name by submitting Form DH-MQA 1269 (4/13), entitled "Board of Speech-Language Pathology and Audiology Assistant Activity and Supervisory Plan," hereby adopted and incorporated by reference, and can be obtained from the following website at http://www.flrules.org/Gateway/reference.asp?No=Ref-03085, or http://www.doh.state.fl.us/mqa/speech/index.html.

(4) Following the completion of on-the-job training, the speech-language pathology assistant shall engage only in those services that are planned, designed and supervised by the speech-language pathology licensee. The scope of services which a speech-language pathology assistant may provide includes:

(a) Record case history information.

(b) Screen speech, language or hearing by the use of procedures that are included in published material containing directions for administration and scoring.

(c) Implement, without diagnostic interpretation, evaluative procedures that are:

1. Planned and designed by the licensee; and,

2. Included in published materials which have directions for administration and scoring.

(d) Implement treatment programs that:

1. Are planned and designed by the licensee to meet pre-established goals; and,

2. Contain pre-established criteria for mastery.

(e) Record, chart, graph or otherwise display data relative to client performance.

(f) Perform clerical functions necessary to maintain clinical records.

(g) Report changes in client performance to the licensee having responsibility for that client.

(h) Prepare clinical materials.

(i) Test equipment to determine if the equipment is performing according to published specifications.

(j) Participate with the licensee in research projects, in-service training, public relations programs, or similar activities as planned, designed and directed by the licensee.

(k) Serve as an interpreter (translator) for the speech-language pathology licensee during clinical procedures.

(l) Assist in the evaluation or treatment of difficult-to-test clients.

(5) The speech-language pathology licensee shall not delegate to the speech-language pathology assistant any tasks which call for a diagnostic interpretation or put the client at physical risk. The following tasks shall not be delegated to a speech-language pathology assistant:

(a) Conducting the initial interview with the client.

(b) Performing initial testing or evaluation.

(c) Determining or discussing specific diagnoses with the client or making statements regarding prognosis or levels of proficiency.

(d) Relating or discussing with clients or consumers of services the reports from other professionals or related services unless those findings have previously been interpreted and reported by the supervising licensee.

(e) Providing any interpretation or elaboration of information that is contained in reports written by the licensee, although he or she may, upon assignment from the licensee, present information regarding clients at staffings or conferences; however, the assistant may discuss with the client or consumer specifically observed behaviors that have occurred during a treatment when they are supported by objective data.

(f) Performing any procedure where there is a risk of physical injury as a result of the procedure; specifically, the insertion of tracheoesophageal prostheses or catheter into the esophageal puncture; endoscopy; administration of barium or other substances for the assessment of swallowing; fitting or insertion of tracheal valves or instrumentation for generation of voice; and initial measurements and fitting of oral prostheses.

(g) Devising or planning treatment based upon assessment or diagnostic findings.

(h) Providing counseling to the client or to his or her family.

(i) Making referrals for additional services.

(j) Signing any document without the co-signature of the licensee.

(k) Using any title other than the Speech-Language Pathology Assistant.

(l) Determining patient or client dismissal criteria have been met.

(6) Following the completion of on-the-job training by the supervising audiology licensee, the audiology assistant may engage only in those services that are planned, designed, and supervised by the licensee.

(7) The audiology licensee may permit the audiology assistant to perform the following services under the direct supervision of the supervising licensee unless acting pursuant to Board of Speech Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0046, F.A.C., in order for the licensee to be available for consultation and direction:

(a) Conduct basic hearing testing without diagnostic interpretation, including air and bone conduction thresholds and speech audiometry.

(b) Conduct impedance audiometric testing.

(c) Assist in the evaluation of difficult-to-test patients.

(d) Record case history information.

(e) Assist in conducting real ear measurements.

(f) Assist in ABR, ENG, and otoacoustic emissions testing.

(g) Report changes in client performance to the audiology licensee having responsibility for that client.

(h) Participate with the audiology licensee in research projects, in-service training, in public relations programs, or similar activities as planned, designed and directed by the audiology licensee.

(i) Assistant in implementing a plan or program for management and/or treatment developed by the supervising audiology licensee.

(8) The following activities of a certified audiology assistant are permitted under the responsible supervision of the supervising audiologist without the requirement of the physical presence of a supervising audiologist:

(a) Demonstrate assistive listening devices.

(b) Test hearing aids to determine if they meet appropriate specification and/or mechanical performance.

(c) Demonstrate care and use of the hearing aid controls, battery insertion and insertion of the hearing aid or ear mold into the ear.

(d) Perform clerical functions necessary to maintain clinical records.

(e) Prepare clinical materials and where appropriate, in accordance with universal precautions.

(f) Test equipment to determine if the equipment is performing according to published specifications.

(g) Screen hearing using established criteria on a pass/fail basis, including but not limited to newborn hearing screening.

(9) The audiology licensee shall not delegate to the audiology assistant any tasks which call for a diagnostic interpretation or put the client at physical risk. The following tasks shall not be delegated to an audiology assistant:

(a) Providing diagnostic services to children below the age of five years or to other clients whose hearing impairment, medical condition, behavior or other disabling condition would preclude the use of services from anyone other than the licensed audiologist.

(b) Performing any procedure where there is a risk of physical injury as a result of the procedure; specifically, where injury to the physical structures of hearing is likely to occur.

(c) Developing a plan of care or treatment for auditory or vestibular disorders.

(10) The speech-language pathologist shall directly observe the speech-language pathology assistant's service as follows:

(a) During the first 12 months of continuous employment on at least one occasion, and if treatment is provided, a minimum of one session every 30 days per client or more frequently depending upon the individual client's needs.

(b) Following the first 12 months of continuous employment on at least one occasion and, if treatment is provided, a minimum of one session every 60 days or more frequently depending upon the individual client's needs.

(11) A speech-language pathology assistant who has greater than 12 months continuous employment at one site and changes employment settings shall, for the first 30 calendar days of employment within a new facility, be provided the same level of supervision/observation as required for new assistants. After the initial 30 days, with licensee certification of competency, then the assistant will be provided supervision as required for the assistant who has greater than 12 months experience.

Rulemaking Authority 468.1135(4) FS. Law Implemented 468.1125(3), (4), 468.1215 FS. History–New 3-14-91, Formerly 21LL-4.003, 61F14-4.003, Amended 9-8-94, 8-17-95, Formerly 59BB-4.003, Amended 2-2-04, 2-21-05, 9-9-13, 3-18-20.

64B20-4.004 Supervision of Speech-Language Pathology Assistants and Audiology Assistants.

(1) A licensee shall supervise and be responsible for all client services provided by an assistant.

(2) Any licensee who employs a speech-language pathology assistant or audiology assistant shall shall notify the Department of all new assistants or other changes in assistants under the licensee's supervision by submitting Form 1269, entitled "Board of Speech-Language Pathology and Audiology Assistant Activity and Supervisory Plan" set forth in Rule 64B20-4.003, F.A.C., and the licensee also shall:

(a) Ensure that the assistant is not responsible for making decisions regarding the diagnosis, management and future disposition of clients.

(b) Ensure that the assistant is assigned only to those duties for which the assistant has been specifically trained and is authorized to perform under Chapter 468, Part I, F.S., and Rule Division 64B20, F.A.C.

(c) Maintain contact with each client during the course of clinical management.

(d) Conduct performance reviews on the assistant on a quarterly basis during the first year of employment, on an annual basis thereafter, and on termination. Such reviews shall document direct observation of the role and of the task experience of the assistant. These reviews shall be signed by the supervisor and the assistant. These reviews shall be retained for four (4) years by the licensee and submitted to the Board upon request. Performance reviews shall be submitted to the Board office on Form SPA3-D, entitled "Evaluation Report for Speech-Language Pathology and Audiology Assistants," effective 9-8-94, which is hereby incorporated by reference. Copies of the form are available from the Board office, located at Board of Speech-Language Pathology and Audiology, Department of Health, 4052 Bald Cypress Way, Bin #C-06, Tallahassee, Florida 32399-3256.

(e) Reassess and redesign programs when either the task or the environment changes significantly.

(f) Discontinue clinical services provided by the assistant should conditions arise in which any of the above cannot be adhered to.

(3) Assistants must be under the direct supervision of a licensee who has met all the requirements of Section 468.1185, F.S. Direct supervision requires the physical presence of the licensee in the same facility when the assistant is carrying out assigned responsibilities, unless acting pursuant to Board of Speech Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0045 or Rule 64B20-4.0046, F.A.C., in order for the licensee to be available for consultation and direction. The supervising licensee shall make provisions for emergency situations including the designation of another licensee who has agreed to be available to provide direct supervision to the assistant when the supervising licensee is not available. In the event that a supervising licensee is not on the premises, the assistant may only perform duties not involving direct client contact unless acting pursuant to Board of Speech Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0045 or Rule 64B20-4.0046, F.A.C.

(4) The maximum number of assistants supervised by one licensee shall not exceed two (2) full-time or three (3) part-time assistants.

(5) In the event that multiple licensees are employed by a business entity, an assistant may be supervised by more than one licensee, but no more than three licensees, when the following conditions are met:

(a) The assistant has been continuously employed for more than twelve (12) months;

(b) The assistant has been in that employment setting for more than 30 days;

(c) Each individual licensee takes responsibility for training, planning, and supervising the assistant or assistants for those clients for whom they have direct responsibility; and,

(d) One primary supervisor shall be designated to be responsible for conducting performance reviews and notifying the Department of any changes in the supervisory plan or roster.

Rulemaking Authority 468.1125(9) FS. Law Implemented 468.1125(3), (4), (9) FS. History–New 3-14-91, Amended 11-3-92, 2-4-93, Formerly 21LL-4.004, 61F14-4.004, Amended 9-8-94, 8-17-95, 5-22-96, Formerly 59BB-4.004, Amended 9-9-13, 3-18-20.

64B20-4.0045 Board Established and Approved Protocols for Speech-Language Pathology Assistants.

(1) The following are Board of Speech-Language Pathology and Audiology established and approved protocols for consultation and supervision of speech-language pathology assistants prior to providing services in a location distant to the supervising licensee pursuant to Section 468.1125(9), F.S., Rules 64B20-4.003 and 64B20-4.004, F.A.C.:

(a) Competency of duties for which the assistant has been specifically trained and is authorized to perform under Chapter 468, F.S. and Division 64B20, F.A.C. in the areas defined in subsection 64B20-4.003(4), F.A.C.

(b) Once competency is achieved, Form DH5043-MQA entitled, "Written Protocol: Speech Language Pathology Assistant Collaborative Practice Agreement," (11/19), which is incorporated by reference herein, and can be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-11840, must be signed by supervising licensee and speech language pathology assistant confirming the mutual agreement between the licensee and the assistant are acting under established and approved Board of Speech-Language Pathology and Audiology protocols.

(c) The written protocol Form DH5043-MQA signed by the licensed Speech Language Pathologist (SLP) and the Speech Language Pathology Assistant (SLPA) shall minimally include the following:

1. General Information

2. Description of Duties of the SLPA

3. Description of Duties of the SLP

4. Certification

5. Designated Licensee

(d) Supervising licensee shall require the availability of the supervising speech language pathologist for consultation with and direction of the supervised assistant must be available via synchronous telecommunication.

(2) The licensed supervising speech-language pathologist will maintain full ethical and legal responsibility for all actions of the assistant when services are provided.

(3) The licensed supervising speech-language pathologist must hold a clear and active license within the state of Florida.

Rulemaking Authority 468.1125(9) FS. Law Implemented 468.1125(3), (4), (9) FS. History–New 4-20-20.

64B20-4.0046 Board Established and Approved Protocols for Audiology Assistants.

(1) The following are Board of Speech-Language Pathology and Audiology established and approved protocols for consultation and supervision of audiology assistants prior to providing services in a location distant to the supervising licensee pursuant to Section 468.1125(9), F.S., Rules 64B20-4.003(6) and 64B20-4.004, F.A.C.:

(a) Competency of duties for which the assistant has been specifically trained and is authorized to perform under Chapter 468, F.S. and Division 64B20, F.A.C. in the areas defined in subsection 64B20-4.003(7), F.A.C.

(b) Once competency is achieved, Form DH50??-MQA entitled, "Audiology Assistant Collaborative Practice Agreement," (5/20), which is incorporated by reference herein, and can be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-11840(?), must be signed by supervising licensee and audiology assistant confirming the mutual agreement between the licensee and the assistant are acting under established and approved Board of Speech-Language Pathology and Audiology protocols.

(c) The written protocol Form DH50??-MQA(?) signed by the licensed Audiologist (AUD) and the Audiology Assistant (AA) shall minimally include the following:

1. General Information

2. Description of Duties of the AA

3. Certification

4. Designated Licensee

(d) Supervising licensee shall require the availability of the supervising audiologist for consultation with and direction of the supervised assistant must be available via synchronous telecommunication.

(2) The licensed supervising audiologist will maintain full ethical and legal responsibility for all actions of the assistant when services are provided.

(3) The licensed supervising audiologist must hold a clear and active license within the state of Florida.

Attachment 2

Written Audiology Assistant Collaborative Practice Agreement
Form DH50??-MQA-5/2020 (?)

Print clearly or type the following:
AUDIOLOGY ASSISTANT APPLICANT NAME: _____
LICENSE NUMBER: _____ ADDRESS: _____
_____
PHONE: _____

GENERAL INFORMATION
Supervising Licensee Name: _____
Supervising Licensee License Number: _____
Supervising Licensee Business Address: _____
Supervising Licensee Business Phone: _____

ADDITIONAL PRACTICE LOCATIONS
Office or Agency Address: _____
Office or Agency Address: _____
(additional pages may be added for additional locations)

COMPETENCY EVALUATION PERIOD
Office or Agency Address Where Experience Took Place: _____
Office or Agency Additional Address: _____
Dates of the Applicant's Professional Employment Experience:
Beginning: _____ Ending: _____
Month/Day/Year Month/Day/Year
Average Number Hours Applicant Worked Per Week: _____

DESCRIPTION OF DUTIES OF AUDIOLOGY ASSISTANT Rule 64B20-4.003 (7):
(check all services in which AA has demonstrated competency)

☐ Conduct basic hearing testing without diagnostic interpretation, including air and bone conduction thresholds and speech audiometry.
☐ Conduct impedance audiometric testing.
☐ Assist in the evaluation of difficult-to-test patients.
☐ Record case history information.
☐ Assist in conducting real ear measurements.
☐ Assist in ABR, ENG, and otoacoustic emissions testing.
☐ Report changes in client performance to the audiology licensee having responsibility for that client.
☐ Participate with the audiology licensee in research projects, in-service training, in public relations programs, or similar activities as planned, designed and directed by the audiology licensee.
☐ Assist in implementing a plan or program for management and/or treatment developed by the supervising audiology licensee.

CERTIFICATION:

I have discussed the Audiology Assistant Collaborative Practice document with the assistant and recommend the assistant to enter into a Written Protocol Agreement. I attest the competency of the assistant to perform duties for which the assistant has been specifically trained and is authorized to perform under Chapter 468, Part I, F.S., and Rule 64B20-4.003 and Rule 64B20-4.004, F.A.C.

I certify that the above information is true and correct to the best of my knowledge.

_____

Signature of the Supervising Licensee Date

I have read and discussed this protocol with my evaluator. I certify that the above information is true and correct to the best of my knowledge.

_____

Signature of Assistant Date

The supervising licensee shall make provisions for emergency situations including the designation of another licensee who has agreed to be available to provide supervision to the assistant when the supervising licensee is not available acting pursuant to Board of Speech Language Pathology and Audiology approved protocols as established in Rule 64B20-4.0046, F.A.C.

The record signed by both the licensee and the assistant and a copy thereof shall be provided to the assistant and shall be maintained by the supervising licensee and the assistant for the duration of employment working under the protocol and shall be maintained by the assistant and supervising licensee for four years after termination of employment. Upon request of the Department or Board, the supervising licensee and the assistant shall produce the documentation of competency records required in Rule 64B20-4.003, F.A.C.

This form is *not transferable*.

Written Protocol: Audiology Assistant Collaborative Practice Agreement is valid for one year from date of certification.

SORT: BE L2-5 FID OBJ
BE: 64400100 MEDICAL QUALITY ASSURANCE
ORG: 64-75-12-01-030 BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY

FID	OBJECT	OBJECT DESCRIPTION	REVENUE MTD	REVENUE QTD	REVENUE YTD
352001	001009	DEBIT MEMO - BAD CHECKS	280.00-	280.00-	280.00-
352001	002201	COMPAS - INITIAL APPLICATION	13,650.00	63,775.00	63,775.00
352001	002202	COMPAS - LICENSE VERIFICATION	1,050.00	5,025.00	5,025.00
352001	002208	COMPAS - DUPLICATE/NAME & STATUS CHANG	225.00	1,525.00	1,525.00
352001	002221	COMPAS - REFUNDED REVENUE	385.00	385.00	385.00
352001	002225	COMPAS - UNASSIGNED	70.00-	1,990.00	1,990.00
352001	002301	COMPAS - INITIAL LICENSE	27,200.00	114,535.00	114,535.00
352001	002302	COMPAS - LICENSE RENEWAL	550.00	2,575.00	2,575.00
352001	002305	COMPAS - DELINQUENT CHARGE	625.00	2,650.00	2,650.00
352001	002306	COMPAS - UNLICENSED ACTIVITY	950.00	4,425.00	4,425.00
352001	012020	FINES AND FORFEITURES	.00	15.00	15.00
		* FID: 352001 TOTAL	44,285.00	196,620.00	196,620.00 **
		** LEVEL 5: 75-12-01-030 TOTAL	44,285.00	196,620.00	196,620.00

SORT: BE L2-5 FID OBJ
BE: 64400100 MEDICAL QUALITY ASSURANCE
ORG: 64-75-12-01-030 BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY

FID	OBJECT	OBJECT DESCRIPTION	REVENUE MTD	REVENUE QTD	REVENUE YTD	
352001	002201	COMPAS - INITIAL APPLICATION	27,900.00	27,900.00	27,900.00	
352001	002202	COMPAS - LICENSE VERIFICATION	2,350.00	2,350.00	2,350.00	
352001	002208	COMPAS - DUPLICATE/NAME & STATUS CHANG	675.00	675.00	675.00	
352001	002225	COMPAS - UNASSIGNED	610.00	610.00	610.00	
352001	002301	COMPAS - INITIAL LICENSE	50,945.00	50,945.00	50,945.00	
352001	002302	COMPAS - LICENSE RENEWAL	1,025.00	1,025.00	1,025.00	
352001	002305	COMPAS - DELINQUENT CHARGE	1,025.00	1,025.00	1,025.00	
352001	002306	COMPAS - UNLICENSED ACTIVITY	1,935.00	1,935.00	1,935.00	
		* FID: 352001 TOTAL	86,465.00	86,465.00	86,465.00	**
		** LEVEL 5: 75-12-01-030 TOTAL	86,465.00	86,465.00	86,465.00	

64-75-12-01-500 OSTEOPATHIC BOARD

64-75-12-01-030 BOARD OF SPEECH-LANGUAGE PATH		direct	allocated	total
010000 SALARIES AND BENEFITS				
110000	Salary and Bonuses	$0.00	$192,891.81	$192,891.81
151000	Employment Taxes & Contributions	$0.00	$98,737.38	$98,737.38
	Sub-Total:	**$0.00**	**$291,629.19**	**$291,629.19**
030000 OTHER PERSONAL SERVICES				
121000	Other Personnel Services - Wages	$300.00	$19,386.25	$19,686.25
131400	Court Reporting, Transcript & Translation Services	$337.50	$10.83	$348.33
132200	Temporary Employment Services	$0.00	$481.61	$481.61
151000	Employment Taxes & Contributions	$4.34	$5,363.20	$5,367.54
341000	Educational & Training Supplies	$0.00	$1.12	$1.12
750000	Impaired Practitioner Program	$0.00	$4,214.83	$4,214.83
	Sub-Total:	**$641.84**	**$29,457.84**	**$30,099.68**
040000 EXPENSES				
132700	Information Technology Services	$400.00	$1,092.30	$1,492.30
134900	Fingerprint & Background Check Services	$0.00	$0.19	$0.19
151000	Employment Taxes & Contributions	$0.00	$0.54	$0.54
165000	Unemployment Compensation Contributions	$0.00	$78.61	$78.61
221000	Communications	$0.00	$1,309.05	$1,309.05
225000	Postage	$6,238.03	$5,912.66	$12,150.69
230000	Printing & Reproduction	$0.00	$71.55	$71.55
241000	Repairs & Maintenance	$0.00	$104.90	$104.90
261000	In-State Travel	$3,488.97	$670.13	$4,159.10
262000	Out-of-State Travel	$0.00	$4.29	$4.29
341000	Educational & Training Supplies	$0.00	$3,996.63	$3,996.63
371000	Gasoline, Lubricants & Auto Parts	$0.00	$50.25	$50.25
392000	Employee Reimbursement other than Travel	$0.00	$0.00	$0.00
393000	Application Software (Licenses)	$0.00	$1,717.41	$1,717.41
419000	Insurance & Surety	$0.00	$8.82	$8.82
433000	Facility & Storage Space Rental	$4,210.00	$19,555.03	$23,765.03
446000	Vehicle Rentals	$0.00	$0.02	$0.02
449000	Equipment Rentals	$0.00	$0.05	$0.05
461000	Fees - General - Commodities	$0.00	$20.20	$20.20
461800	Registration Fee with no Travel Expenses	$0.00	$2.47	$2.47
492000	Subscriptions & Dues	$0.00	$21.63	$21.63
498000	State Awards	$147.50	$60.66	$208.16
511000	Books & Other Library Resources > $250	$0.00	$4.92	$4.92
512000	Furniture & Equipment > $1000	$0.00	$2,180.01	$2,180.01
810000	Non-Operating Distribution and Transfers	$0.00	$10.96	$10.96
	Sub-Total:	**$14,484.50**	**$36,873.28**	**$51,357.78**
060000 OPERATING CAPITAL OUTLAY				
516000	Information Technology Equipment	$0.00	$223.14	$223.14
	Sub-Total:	**$0.00**	**$223.14**	**$223.14**
100021 ACQUISITION OF MOTOR VEHICLES				
517000	Motor Vehicles	$0.00	$247.74	$247.74
	Sub-Total:	**$0.00**	**$247.74**	**$247.74**
100399 UNLICENSED ACTIVITY				
110000	Salary and Bonuses	$0.00	$1,933.21	$1,933.21
121000	Other Personnel Services - Wages	$0.00	$736.31	$736.31

64-75-12-01-500 OSTEOPATHIC BOARD

131300	Consulting Services	$0.00	$0.42	$0.42
133100	Advertising	$0.00	$1,155.32	$1,155.32
134200	Mailing and Delivery Services	$0.00	$1.76	$1.76
134500	Banking Services	$0.00	$38.54	$38.54
134900	Fingerprint & Background Check Services	$0.00	$2.26	$2.26
151000	Employment Taxes & Contributions	$0.00	$1,140.94	$1,140.94
165000	Unemployment Compensation Contributions	$0.00	$9.24	$9.24
221000	Communications	$0.00	$43.25	$43.25
225000	Postage	$0.00	$15.33	$15.33
230000	Printing & Reproduction	$0.00	$5.14	$5.14
241000	Repairs & Maintenance	$0.00	$0.84	$0.84
261000	In-State Travel	$106.10	$111.96	$218.06
341000	Educational & Training Supplies	$0.00	$104.12	$104.12
433000	Facility & Storage Space Rental	$0.00	$346.16	$346.16
449000	Equipment Rentals	$0.00	$5.44	$5.44
461000	Fees - General - Commodities	$0.00	$3.66	$3.66
461800	Registration Fee with no Travel Expenses	$0.00	$4.74	$4.74
810000	Non-Operating Distribution and Transfers	$45,832.04	$0.00	$45,832.04
	Sub-Total:	**$45,938.14**	**$5,658.64**	**$51,596.78**
100777	**CONTRACTUAL SERVICES**			
131300	Consulting Services	$2,562.70	$1,160.78	$3,723.48
131400	Court Reporting, Transcript & Translation Services	$2,873.75	$1.78	$2,875.53
131600	Legal Fees and Attorney Services	$60,041.31	$37.67	$60,078.98
131800	Expert Witness Fee	$123.97	$223.05	$347.02
132400	Examination and Inspection Services	$0.00	$79.59	$79.59
132600	Research Services	$0.00	$18.79	$18.79
132700	Information Technology Services	$7,032.37	$111,464.79	$118,497.16
132800	Training Services	$0.00	$1,626.28	$1,626.28
133100	Advertising	$879.90	$86.40	$966.30
134100	Security Services	$561.54	$99.44	$660.98
134200	Mailing and Delivery Services	$18.79	$1,254.60	$1,273.39
134500	Banking Services	$20,954.05	$2,593.84	$23,547.89
134900	Fingerprint & Background Check Services	$0.00	$143.48	$143.48
230000	Printing & Reproduction	$2,233.26	$3,180.33	$5,413.59
241000	Repairs & Maintenance	$0.00	$3,921.91	$3,921.91
341000	Educational & Training Supplies	$0.00	$7.41	$7.41
449000	Equipment Rentals	$0.00	$0.18	$0.18
461000	Fees - General - Commodities	$0.00	$0.68	$0.68
750000	Impaired Practitioner Program	$0.00	$4,410.31	$4,410.31
	Sub-Total:	**$97,281.64**	**$130,311.31**	**$227,592.95**
103241	**RISK MANAGEMENT INSURANCE**			
419000	Insurance & Surety	$0.00	$5,295.53	$5,295.53
	Sub-Total:	**$0.00**	**$5,295.53**	**$5,295.53**
105281	**LEASE/PURCHASE/EQUIPMENT**			
449000	Equipment Rentals	$0.00	$984.52	$984.52
	Sub-Total:	**$0.00**	**$984.52**	**$984.52**
107040	**TR/DMS/HR SVCS/STW CONTRACT**			
151000	Employment Taxes & Contributions	$0.00	$1,081.73	$1,081.73
	Sub-Total:	**$0.00**	**$1,081.73**	**$1,081.73**

64-75-12-01-500 OSTEOPATHIC BOARD

180056 TRANSFER OF FUNDS UNDER SECTION 215.32				
810000 Non-Operating Distribution and Transfers		$224,135.59	$0.00	$224,135.59
	Sub-Total:	**$224,135.59**	**$0.00**	**$224,135.59**
181067 TR/HCTF/BSC/COST ALLOC				
810000 Non-Operating Distribution and Transfers		$103.14	$0.00	$103.14
	Sub-Total:	**$103.14**	**$0.00**	**$103.14**
185080 TRANS TO ADMIN TF				
810000 Non-Operating Distribution and Transfers		$0.00	$43,600.00	$43,600.00
	Sub-Total:	**$0.00**	**$43,600.00**	**$43,600.00**
220020 REFUND OF 'STATE' REVENUES				
860000 Non Operating - Refunds		$1,215.00	$0.08	$1,215.08
	Sub-Total:	**$1,215.00**	**$0.08**	**$1,215.08**
310322 SERVICE CHARGE TO GEN REV				
880800 Service Charge to General Revenue 8%		$118,700.51	$0.15	$118,700.66
	Sub-Total:	**$118,700.51**	**$0.15**	**$118,700.66**
Totals for BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLO		**$502,500.36**	**$545,363.15**	**$1,047,863.51**

DEPARTMENT OF HEALTH
BOARD OF SPEECH LANGUAGE, PATHOLOGY & AUDIOLOGY
EXPENDITURES BY FUNCTION
For Period Ending June 30, 2020

Function	Direct Charges	Allocated Charges	Total	Percent*
Director, MQA		$ 9,385	$ 9,385	0.90%
Bureau of Opns Admin		$ 3,278	$ 3,278	0.31%
Testing Services			$ -	0.00%
Licensure Support Svcs	$ 20,954	$ 67,092	$ 88,046	8.40%
Artifical Intelligence		$ 1,849	$ 1,849	0.18%
Practitioner Reporting		$ 6	$ 6	0.00%
Systems Spt Unit		$ 35,228	$ 35,228	3.36%
Central Records		$ 2,144	$ 2,144	0.20%
Renewal Support	$ 2,233	$ 5,476	$ 7,709	0.74%
Call Center		$ 20,117	$ 20,117	1.92%
Operational Services		$ 13,452	$ 13,452	1.28%
Imaging Services		$ 55,363	$ 55,363	5.28%
Web Design Development	$ 400	$ 5,731	$ 6,131	0.59%
Strategic Management Unit		$ 6,210	$ 6,210	0.59%
Background Screening	$ 103	$ 72	$ 175	0.02%
Bureau of HCPR Admin		$ 6,247	$ 6,247	0.60%
Board Office	$ 28,193	$ 222,120	$ 250,313	23.89%
Prosecution Svcs Unit - Enforce	$ 563	$ 12,963	$ 13,525	1.29%
Bureau of Enforce Admin		$ 2,112	$ 2,112	0.20%
Consumer/Compliance Unit - Enforce		$ 3,598	$ 3,598	0.34%
Investigations Svcs Unit-Enforce	$ 24	$ 8,660	$ 8,684	0.83%
Div of IT & Admin; Ofc of Sec		$ 43,600	$ 43,600	4.16%
DOAH			$ -	0.00%
Profiling Services			$ -	0.00%
Practitioner Compliance			$ -	0.00%
Impaired Practitioner		$ 8,625	$ 8,625	0.82%
Attorney General	$ 60,041		$ 60,041	5.73%
Risk Management Insurance		$ 5,296	$ 5,296	0.51%
Human Resource Services		$ 1,082	$ 1,082	0.10%
Refund of State Revenues	$ 1,215	$ 0	$ 1,215	0.12%
Service Charge to Gen Revenue	$ 118,701	$ 0	$ 118,701	11.33%
FDLE Transfer			$ -	0.00%
Ch 215.32 Transfer of Funds	$ 224,136		$ 224,136	21.39%
			$ -	0.00%
Unlicensed Activity	$ 106	$ 5,659	$ 5,765	0.55%
ULA Ch 215.32 Transfer of Funds	$ 45,832		$ 45,832	4.37%
			$ -	
Total	$ 502,500.36	$ 545,363.15	$ 1,047,863.51	100.00%

Cash Balance @ June 30 - Licensed Account	$ 1,687,609
Cash Balance @ June 30 - Unlicensed Account	$ 290,870

* Percent of the function's expenditure to the Board's total expenditures.

64-75-12-01-030	**BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY**	*allocated expense*
64-75-01-01-500	*DIRECTOR MEDICAL QUALITY ASSURANCE*	*1.13%*
010000 - SALARIES AND BENEFITS		$8,388.02
030000 - OTHER PERSONAL SERVICES		$1.03
040000 - EXPENSES		$407.11
100777 - CONTRACTUAL SERVICES		$213.55
103241 - RISK MANAGEMENT INSURANCE		$5,295.53
107040 - TR/DMS/HR SVCS/STW CONTRACT		$971.19
Sub-Total for DIRECTOR MEDICAL QUALITY ASSURANCE		$15,276.43
64-75-01-02-500	*IMPAIRED PROFESSIONAL PROGRAM*	*0.39%*
030000 - OTHER PERSONAL SERVICES		$4,214.83
100777 - CONTRACTUAL SERVICES		$4,410.31
Sub-Total for IMPAIRED PROFESSIONAL PROGRAM		$8,625.14
64-75-01-05-500	*OPERATIONS (MQA)*	*1.13%*
010000 - SALARIES AND BENEFITS		$3,128.17
030000 - OTHER PERSONAL SERVICES		$27.30
040000 - EXPENSES		$43.69
100777 - CONTRACTUAL SERVICES		$2.49
Sub-Total for OPERATIONS (MQA)		$3,201.65
64-75-01-05-503	*LICENSURE/REVENUE MQA OPERATIONS*	*2.51%*
010000 - SALARIES AND BENEFITS		$19,177.87
030000 - OTHER PERSONAL SERVICES		$97.88
040000 - EXPENSES		$6,381.26
100777 - CONTRACTUAL SERVICES		$40,364.56
105281 - LEASE/PURCHASE/EQUIPMENT		$71.66
Sub-Total for LICENSURE/REVENUE MQA OPERATIONS		$66,093.23
64-75-01-05-504	*MQA ARTIFICIAL INTELLIGENCE*	*1.09%*
040000 - EXPENSES		$657.65
100777 - CONTRACTUAL SERVICES		$1,190.98
Sub-Total for MQA ARTIFICIAL INTELLIGENCE		$1,848.63
64-75-01-05-505	*PRACTITIONER REPORTING*	*0.05%*
040000 - EXPENSES		$5.90
Sub-Total for PRACTITIONER REPORTING		$5.90
64-75-01-05-506	*SYSTEMS SUPPORT SERVICES UNIT*	*1.09%*
010000 - SALARIES AND BENEFITS		$7,793.05
030000 - OTHER PERSONAL SERVICES		$2,157.03
040000 - EXPENSES		$1,876.15
100777 - CONTRACTUAL SERVICES		$22,615.14
310322 - SERVICE CHARGE TO GEN REV		$0.12

64-75-12-01-030	**BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY**	*allocated expense*
64-75-01-05-506	*SYSTEMS SUPPORT SERVICES UNIT*	*1.09%*
Sub-Total for SYSTEMS SUPPORT SERVICES UNIT		$34,441.49
64-75-01-05-508	*CLERK'S OFFICE*	*0.30%*
010000 - SALARIES AND BENEFITS		$801.34
040000 - EXPENSES		$11.52
100777 - CONTRACTUAL SERVICES		$1.70
Sub-Total for CLERK'S OFFICE		$814.56
64-75-01-05-509	*LICENSE RENEWAL MQA OPERATIONS*	*2.97%*
010000 - SALARIES AND BENEFITS		$4,734.67
030000 - OTHER PERSONAL SERVICES		$875.03
040000 - EXPENSES		($2,380.01)
100777 - CONTRACTUAL SERVICES		$1,865.09
105281 - LEASE/PURCHASE/EQUIPMENT		$80.96
Sub-Total for LICENSE RENEWAL MQA OPERATIONS		$5,175.74
64-75-01-05-510	*COMMUNICATIONS*	*1.09%*
010000 - SALARIES AND BENEFITS		$17,282.60
030000 - OTHER PERSONAL SERVICES		$626.53
040000 - EXPENSES		$212.90
100399 - UNLICENSED ACTIVITY		$0.60
100777 - CONTRACTUAL SERVICES		$487.93
Sub-Total for COMMUNICATIONS		$18,610.56
64-75-01-05-511	*PUBLIC RECORDS*	*0.30%*
010000 - SALARIES AND BENEFITS		$1,058.70
040000 - EXPENSES		$2.52
100777 - CONTRACTUAL SERVICES		$158.92
Sub-Total for PUBLIC RECORDS		$1,220.14
64-75-01-05-512	*OPERATIONAL SERVICES*	*1.09%*
010000 - SALARIES AND BENEFITS		$5,035.64
030000 - OTHER PERSONAL SERVICES		$181.15
040000 - EXPENSES		$5,328.03
060000 - OPERATING CAPITAL OUTLAY		$223.14
100399 - UNLICENSED ACTIVITY		$0.60
100777 - CONTRACTUAL SERVICES		$925.06
105281 - LEASE/PURCHASE/EQUIPMENT		$57.33
Sub-Total for OPERATIONAL SERVICES		$11,750.95
64-75-01-05-513	*MQA-IMAGING*	*3.74%*
100777 - CONTRACTUAL SERVICES		$55,362.66
Sub-Total for MQA-IMAGING		$55,362.66

64-75-12-01-030	**BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY**	*allocated expense*
64-75-01-05-514	*MQA WEB DESIGN DEVELOPMENT*	*1.09%*
010000 - SALARIES AND BENEFITS		$4,615.65
030000 - OTHER PERSONAL SERVICES		$61.13
040000 - EXPENSES		$791.79
100777 - CONTRACTUAL SERVICES		$13.01
Sub-Total for MQA WEB DESIGN DEVELOPMENT		$5,481.58
64-75-01-05-515	*STRATEGIC MANAGEMENT SUPPORT UNIT*	*1.13%*
010000 - SALARIES AND BENEFITS		$4,059.85
040000 - EXPENSES		$314.64
100777 - CONTRACTUAL SERVICES		$1,538.28
Sub-Total for STRATEGIC MANAGEMENT SUPPORT UNIT		$5,912.77
64-75-01-05-516	*BACKGROUND SCREENING UNIT*	*0.01%*
010000 - SALARIES AND BENEFITS		$59.15
030000 - OTHER PERSONAL SERVICES		$8.00
040000 - EXPENSES		$0.27
100777 - CONTRACTUAL SERVICES		$0.23
Sub-Total for BACKGROUND SCREENING UNIT		$67.65
64-75-03-00-500	*BUREAU OF HEALTH CARE PRACTITIONER REGULATIONS*	*1.13%*
010000 - SALARIES AND BENEFITS		$4,548.15
030000 - OTHER PERSONAL SERVICES		$1,342.49
040000 - EXPENSES		$153.12
100777 - CONTRACTUAL SERVICES		$89.08
Sub-Total for BUREAU OF HEALTH CARE PRACTITIONER REGULATI		$6,132.84
64-75-06-00-500	*MQA LEGAL-PRACTITIONER REGULATION*	*0.17%*
010000 - SALARIES AND BENEFITS		$11,574.19
030000 - OTHER PERSONAL SERVICES		$307.41
040000 - EXPENSES		$154.01
100399 - UNLICENSED ACTIVITY		$0.34
100777 - CONTRACTUAL SERVICES		$244.53
105281 - LEASE/PURCHASE/EQUIPMENT		$16.47
107040 - TR/DMS/HR SVCS/STW CONTRACT		$55.73
310322 - SERVICE CHARGE TO GEN REV		$0.04
Sub-Total for MQA LEGAL-PRACTITIONER REGULATION		$12,352.72
64-75-08-00-500	*BUREAU OF ENFORCEMENT*	*1.09%*
010000 - SALARIES AND BENEFITS		$2,012.74
040000 - EXPENSES		$28.29
100777 - CONTRACTUAL SERVICES		($2.35)
Sub-Total for BUREAU OF ENFORCEMENT		$2,038.68

64-75-12-01-030	**BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY**	*allocated expense*
64-75-08-00-501	*CONSUMER SERVICES-PRACTITIONER REGULATION*	*0.12%*
010000 - SALARIES AND BENEFITS		$2,242.41
030000 - OTHER PERSONAL SERVICES		$243.54
040000 - EXPENSES		$50.31
100777 - CONTRACTUAL SERVICES		$25.90
107040 - TR/DMS/HR SVCS/STW CONTRACT		$12.40
Sub-Total for CONSUMER SERVICES-PRACTITIONER REGULATION		$2,574.56
64-75-08-00-502	*COMPLIANCE MANAGEMENT UNIT*	*0.22%*
010000 - SALARIES AND BENEFITS		$811.75
040000 - EXPENSES		$0.65
100777 - CONTRACTUAL SERVICES		$0.16
107040 - TR/DMS/HR SVCS/STW CONTRACT		$5.20
Sub-Total for COMPLIANCE MANAGEMENT UNIT		$817.76
64-75-08-01-000	*CHIEF INVESTIGATIVE SERVICES*	*0.09%*
010000 - SALARIES AND BENEFITS		$536.50
030000 - OTHER PERSONAL SERVICES		$70.61
040000 - EXPENSES		$126.18
100021 - ACQUISITION OF MOTOR VEHICLES		$247.74
100399 - UNLICENSED ACTIVITY		$0.01
100777 - CONTRACTUAL SERVICES		$8.07
107040 - TR/DMS/HR SVCS/STW CONTRACT		$37.21
Sub-Total for CHIEF INVESTIGATIVE SERVICES		$1,026.32
64-75-08-01-504	*UNLICENSED ACTIVITY*	*0.28%*
010000 - SALARIES AND BENEFITS		($0.01)
030000 - OTHER PERSONAL SERVICES		$0.00
040000 - EXPENSES		$0.00
100399 - UNLICENSED ACTIVITY		$5,639.47
100777 - CONTRACTUAL SERVICES		$0.00
Sub-Total for UNLICENSED ACTIVITY		$5,639.46
64-75-08-03-500	*INVST SVCS-TALLAHASSEE-PRACTITIONER REG*	*0.09%*
010000 - SALARIES AND BENEFITS		$278.65
040000 - EXPENSES		$35.26
100777 - CONTRACTUAL SERVICES		$0.17
105281 - LEASE/PURCHASE/EQUIPMENT		$0.19
220020 - REFUND OF 'STATE' REVENUES		$0.08
310322 - SERVICE CHARGE TO GEN REV		($0.01)
Sub-Total for INVST SVCS-TALLAHASSEE-PRACTITIONER REG		$314.34
64-75-08-04-500	*INVST SVCS-ORLANDO-PRACTITIONER REGULATION*	*0.09%*

64-75-12-01-030	**BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY**	*allocated expense*
64-75-08-04-500	*INVST SVCS-ORLANDO-PRACTITIONER REGULATION*	*0.09%*
010000 - SALARIES AND BENEFITS		$591.39
030000 - OTHER PERSONAL SERVICES		$103.56
040000 - EXPENSES		$119.95
100777 - CONTRACTUAL SERVICES		$4.91
105281 - LEASE/PURCHASE/EQUIPMENT		$3.17
Sub-Total for INVST SVCS-ORLANDO-PRACTITIONER REGULATION		$822.98
64-75-08-05-500	*INVST SVCS-JACKSONVILLE-PRACTITIONER REG*	*0.09%*
010000 - SALARIES AND BENEFITS		$634.62
030000 - OTHER PERSONAL SERVICES		$69.60
040000 - EXPENSES		$105.16
100399 - UNLICENSED ACTIVITY		$16.54
100777 - CONTRACTUAL SERVICES		$1.52
105281 - LEASE/PURCHASE/EQUIPMENT		$1.97
Sub-Total for INVST SVCS-JACKSONVILLE-PRACTITIONER REG		$829.41
64-75-08-06-500	*INVST SVCS-TAMPA-PRACTITIONER REG*	*0.09%*
010000 - SALARIES AND BENEFITS		$638.97
030000 - OTHER PERSONAL SERVICES		$82.02
040000 - EXPENSES		$129.00
100777 - CONTRACTUAL SERVICES		$15.49
105281 - LEASE/PURCHASE/EQUIPMENT		$3.32
Sub-Total for INVST SVCS-TAMPA-PRACTITIONER REG		$868.80
64-75-08-07-500	*INVST SVCS-MIAMI-PRACTITIONER REG*	*0.09%*
010000 - SALARIES AND BENEFITS		$807.94
030000 - OTHER PERSONAL SERVICES		$117.65
040000 - EXPENSES		$195.98
100399 - UNLICENSED ACTIVITY		$0.87
100777 - CONTRACTUAL SERVICES		$3.90
105281 - LEASE/PURCHASE/EQUIPMENT		$2.69
Sub-Total for INVST SVCS-MIAMI-PRACTITIONER REG		$1,129.03
64-75-08-08-500	*INVST SVCS-WEST PALM BCH-PRACTITIONER REG*	*0.09%*
010000 - SALARIES AND BENEFITS		$625.51
030000 - OTHER PERSONAL SERVICES		$57.35
040000 - EXPENSES		$108.92
100777 - CONTRACTUAL SERVICES		$4.65
105281 - LEASE/PURCHASE/EQUIPMENT		$4.90
Sub-Total for INVST SVCS-WEST PALM BCH-PRACTITIONER REG		$801.33
64-75-08-09-500	*INVST SVCS-FT LAUDERDALE-PRACTITIONER REG*	*0.09%*

64-75-12-01-030	**BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY**	*allocated expense*
64-75-08-09-500	*INVST SVCS-FT LAUDERDALE-PRACTITIONER REG*	*0.09%*
010000 - SALARIES AND BENEFITS		$536.33
030000 - OTHER PERSONAL SERVICES		$72.03
040000 - EXPENSES		$121.19
100399 - UNLICENSED ACTIVITY		$0.13
100777 - CONTRACTUAL SERVICES		$1.71
105281 - LEASE/PURCHASE/EQUIPMENT		$6.43
Sub-Total for INVST SVCS-FT LAUDERDALE-PRACTITIONER REG		$737.82
64-75-08-10-500	*INVST SVCS-FT MYERS-PRACTITIONER REG*	*0.09%*
010000 - SALARIES AND BENEFITS		$403.39
030000 - OTHER PERSONAL SERVICES		$70.39
040000 - EXPENSES		$94.78
100777 - CONTRACTUAL SERVICES		$1.02
105281 - LEASE/PURCHASE/EQUIPMENT		$4.08
Sub-Total for INVST SVCS-FT MYERS-PRACTITIONER REG		$573.66
64-75-08-11-500	*INVST SVCS-PENSACOLA-PRACTITIONER REG*	*0.09%*
010000 - SALARIES AND BENEFITS		$168.02
040000 - EXPENSES		$90.28
100399 - UNLICENSED ACTIVITY		$0.04
100777 - CONTRACTUAL SERVICES		$0.78
105281 - LEASE/PURCHASE/EQUIPMENT		$1.39
Sub-Total for INVST SVCS-PENSACOLA-PRACTITIONER REG		$260.51
64-75-08-12-500	*INVST SVCS-GAINESVILLE-PRACTITIONER REG*	*0.09%*
010000 - SALARIES AND BENEFITS		$343.90
030000 - OTHER PERSONAL SERVICES		$65.65
040000 - EXPENSES		$74.33
100777 - CONTRACTUAL SERVICES		$0.63
105281 - LEASE/PURCHASE/EQUIPMENT		$1.72
Sub-Total for INVST SVCS-GAINESVILLE-PRACTITIONER REG		$486.23
64-75-08-13-500	*INVST SVCS-ST PETERSBURG-PRACTITIONER REG*	*0.09%*
010000 - SALARIES AND BENEFITS		$600.25
030000 - OTHER PERSONAL SERVICES		$86.66
040000 - EXPENSES		$133.42
100399 - UNLICENSED ACTIVITY		$0.04
100777 - CONTRACTUAL SERVICES		$4.23
105281 - LEASE/PURCHASE/EQUIPMENT		$1.68
Sub-Total for INVST SVCS-ST PETERSBURG-PRACTITIONER REG		$826.28
64-75-12-01-500	*OSTEOPATHIC BOARD*	*25.39%*

64-75-12-01-030	**BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY**	*allocated expense*
64-75-12-01-500	*OSTEOPATHIC BOARD*	*25.39%*
010000 - SALARIES AND BENEFITS		$38,335.58
030000 - OTHER PERSONAL SERVICES		$13,011.92
040000 - EXPENSES		$1,901.26
100777 - CONTRACTUAL SERVICES		$61.25
Sub-Total for OSTEOPATHIC BOARD		$53,310.01
64-75-12-02-500	*OST/SPC/MID ADMINISTRATION*	*53.13%*
010000 - SALARIES AND BENEFITS		$149,804.20
030000 - OTHER PERSONAL SERVICES		$5,025.44
040000 - EXPENSES		$61.63
100777 - CONTRACTUAL SERVICES		$566.47
Sub-Total for OST/SPC/MID ADMINISTRATION		$155,457.74
64-75-15-01-500	*REIMBURSEMENT - ADMIN TRUST FUND*	*1.09%*
185080 - TRANS TO ADMIN TF		$43,600.00
Sub-Total for REIMBURSEMENT - ADMIN TRUST FUND		$43,600.00
64-98-75-01-500	*MQA DIRECTOR'S OFFICE - COLLOCATED*	*1.13%*
030000 - OTHER PERSONAL SERVICES		$9.22
040000 - EXPENSES		$363.91
100777 - CONTRACTUAL SERVICES		$2.47
Sub-Total for MQA DIRECTOR'S OFFICE - COLLOCATED		$375.60
64-98-75-03-500	*BUREAU OF HEALTH PRACT - COLLOCATED*	*1.13%*
030000 - OTHER PERSONAL SERVICES		$2.82
040000 - EXPENSES		$110.70
100777 - CONTRACTUAL SERVICES		$0.76
Sub-Total for BUREAU OF HEALTH PRACT - COLLOCATED		$114.28
64-98-75-05-500	*BUREAU OF OPERATIONS - COLLOCATED*	*1.13%*
030000 - OTHER PERSONAL SERVICES		$1.88
040000 - EXPENSES		$73.80
100777 - CONTRACTUAL SERVICES		$0.51
Sub-Total for BUREAU OF OPERATIONS - COLLOCATED		$76.19
64-98-75-05-503	*OPERATIONS - LICENSURE - COLLOCATED*	*2.51%*
030000 - OTHER PERSONAL SERVICES		$24.67
040000 - EXPENSES		$967.16
100777 - CONTRACTUAL SERVICES		$6.63
Sub-Total for OPERATIONS - LICENSURE - COLLOCATED		$998.46
64-98-75-05-506	*SYSTEM SUPPORT - COLLOCATED*	*1.09%*
030000 - OTHER PERSONAL SERVICES		$19.43
040000 - EXPENSES		$761.69

64-75-12-01-030	**BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY**	*allocated expense*
64-98-75-05-506	*SYSTEM SUPPORT - COLLOCATED*	*1.09%*
100777 - CONTRACTUAL SERVICES		$5.22
Sub-Total for SYSTEM SUPPORT - COLLOCATED		$786.34
64-98-75-05-509	*OPERATIONS - RENEWAL - COLLOCATED*	*2.97%*
030000 - OTHER PERSONAL SERVICES		$7.42
040000 - EXPENSES		$290.95
100777 - CONTRACTUAL SERVICES		$1.99
Sub-Total for OPERATIONS - RENEWAL - COLLOCATED		$300.36
64-98-75-05-510	*COMMUNICATIONS -COLLOCATED*	*1.09%*
030000 - OTHER PERSONAL SERVICES		$37.22
040000 - EXPENSES		$1,459.33
100777 - CONTRACTUAL SERVICES		$9.99
Sub-Total for COMMUNICATIONS -COLLOCATED		$1,506.54
64-98-75-05-511	*CENTRAL RECORDS - COLLOCATED*	*0.30%*
030000 - OTHER PERSONAL SERVICES		$2.70
040000 - EXPENSES		$105.80
100777 - CONTRACTUAL SERVICES		$0.72
Sub-Total for CENTRAL RECORDS - COLLOCATED		$109.22
64-98-75-05-512	*OPERATIONAL SERVICES - COLLOCATED*	*1.09%*
030000 - OTHER PERSONAL SERVICES		$7.99
040000 - EXPENSES		$965.00
100777 - CONTRACTUAL SERVICES		$2.14
105281 - LEASE/PURCHASE/EQUIPMENT		$726.56
Sub-Total for OPERATIONAL SERVICES - COLLOCATED		$1,701.69
64-98-75-05-514	*BOO-WEB DESIGN-COLLOCATED*	*1.09%*
030000 - OTHER PERSONAL SERVICES		$6.17
040000 - EXPENSES		$242.03
100777 - CONTRACTUAL SERVICES		$1.66
Sub-Total for BOO-WEB DESIGN-COLLOCATED		$249.86
64-98-75-05-515	*BOO-STRATEGIC PLANNING SERVICES-COLLOCATED*	*1.13%*
030000 - OTHER PERSONAL SERVICES		$7.34
040000 - EXPENSES		$287.82
100777 - CONTRACTUAL SERVICES		$1.97
Sub-Total for BOO-STRATEGIC PLANNING SERVICES-COLLOCATED		$297.13
64-98-75-05-516	*BACKGROUND SCREENING UNIT - COLLOCATED*	*0.01%*
030000 - OTHER PERSONAL SERVICES		$0.11
040000 - EXPENSES		$4.11
100777 - CONTRACTUAL SERVICES		$0.03

64-75-12-01-030	**BOARD OF SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY**	*allocated expense*
64-98-75-05-516	*BACKGROUND SCREENING UNIT - COLLOCATED*	*0.01%*
Sub-Total for BACKGROUND SCREENING UNIT - COLLOCATED		$4.25
64-98-75-06-500	*PROSECUTION SERVICE - COLLOCATED*	*0.17%*
030000 - OTHER PERSONAL SERVICES		$16.45
040000 - EXPENSES		$645.06
100777 - CONTRACTUAL SERVICES		$4.42
Sub-Total for PROSECUTION SERVICE - COLLOCATED		$665.93
64-98-75-08-100	*INVESTIGATIVE SERVICE - COLLOCATED*	*0.09%*
030000 - OTHER PERSONAL SERVICES		$0.94
040000 - EXPENSES		$37.03
100777 - CONTRACTUAL SERVICES		$0.25
Sub-Total for INVESTIGATIVE SERVICE - COLLOCATED		$38.22
64-98-75-08-500	*BUREAU OF ENFORCEMENT - COLLOCATED*	*1.09%*
030000 - OTHER PERSONAL SERVICES		$1.82
040000 - EXPENSES		$71.18
100777 - CONTRACTUAL SERVICES		$0.48
Sub-Total for BUREAU OF ENFORCEMENT - COLLOCATED		$73.48
64-98-75-08-501	*CONSUMER SERVICE - COLLOCATED*	*0.12%*
030000 - OTHER PERSONAL SERVICES		$4.10
040000 - EXPENSES		$160.66
100777 - CONTRACTUAL SERVICES		$1.10
Sub-Total for CONSUMER SERVICE - COLLOCATED		$165.86
64-98-75-08-502	*COMPLIANCE MANAGEMENT - COLLOCATED*	*0.22%*
030000 - OTHER PERSONAL SERVICES		$1.43
040000 - EXPENSES		$56.03
100777 - CONTRACTUAL SERVICES		$0.39
Sub-Total for COMPLIANCE MANAGEMENT - COLLOCATED		$57.85
64-98-75-12-500	*OSTEOPATHIC - COLLOCATED*	*25.39%*
030000 - OTHER PERSONAL SERVICES		$329.90
040000 - EXPENSES		$12,933.88
100777 - CONTRACTUAL SERVICES		$88.55
Sub-Total for OSTEOPATHIC - COLLOCATED		$13,352.33
Total Allocable Expenses for BOARD OF SPEECH-LANGUAGE PATHO		**$545,363.15**

64-75-12-01-030	BOARD OF SPEECH-LANGUAGE PATHOLOGY	*licensed*	*unlicensed*	*total*
Beginning Cash Balances		**$1,229,663**	**$268,402**	**$1,498,065**
Revenues				
61800	Refunds	$235	$0	$235
65900	Transfer In from Other Agencies	$14	$0	$14
66700	Fees and Licenses	$1,438,453	$74,065	$1,512,518
67200	Sales of Goods and Services - non-State	$2	$0	$2
67300	Fines, Forfeitures, Judgements & Settlements	$15,509	$0	$15,509
Total Revenues		**$1,454,213**	**$74,065**	**$1,528,278**
Expenditures				
110000	Salary and Bonuses	$192,892	$1,933	$194,825
121000	Other Personnel Services - Wages	$19,686	$736	$20,423
131300	Consulting Services	$3,723.48	$0.42	$3,723.90
131400	Court Reporting, Transcript & Translation Services	$3,224	$0	$3,224
131600	Legal Fees and Attorney Services	$60,079	$0	$60,079
131800	Expert Witness Fee	$347	$0	$347
132200	Temporary Employment Services	$482	$0	$482
132400	Examination and Inspection Services	$80	$0	$80
132600	Research Services	$19	$0	$19
132700	Information Technology Services	$119,989	$0	$119,989
132800	Training Services	$1,626	$0	$1,626
133100	Advertising	$966	$1,155	$2,122
134100	Security Services	$661	$0	$661
134200	Mailing and Delivery Services	$1,273	$2	$1,275
134500	Banking Services	$23,548	$39	$23,586
134900	Fingerprint & Background Check Services	$144	$2	$146
151000	Employment Taxes & Contributions	$105,187	$1,141	$106,328
165000	Unemployment Compensation Contributions	$79	$9	$88
221000	Communications	$1,309	$43	$1,352
225000	Postage	$12,151	$15	$12,166
230000	Printing & Reproduction	$5,485	$5	$5,490
241000	Repairs & Maintenance	$4,026.81	$0.84	$4,027.65
261000	In-State Travel	$4,159	$218	$4,377
262000	Out-of-State Travel	$4	$0	$4
341000	Educational & Training Supplies	$4,005	$104	$4,109
371000	Gasoline, Lubricants & Auto Parts	$50	$0	$50
393000	Application Software (Licenses)	$1,717	$0	$1,717
419000	Insurance & Surety	$5,304	$0	$5,304
433000	Facility & Storage Space Rental	$23,765	$346	$24,111
446000	Vehicle Rentals	$0.02	$0.00	$0.02
449000	Equipment Rentals	$985	$5	$990
461000	Fees - General - Commodities	$21	$4	$25
461800	Registration Fee with no Travel Expenses	$2	$5	$7
492000	Subscriptions & Dues	$22	$0	$22
498000	State Awards	$208	$0	$208
511000	Books & Other Library Resources > $250	$5	$0	$5
512000	Furniture & Equipment > $1000	$2,180	$0	$2,180
516000	Information Technology Equipment	$223	$0	$223
517000	Motor Vehicles	$248	$0	$248

Expenditures

750000	Impaired Practitioner Program	$8,625	$0	$8,625
810000	Non-Operating Distribution and Transfers	$267,850	$45,832	$313,682
860000	Non Operating - Refunds	$1,215	$0	$1,215
880800	Service Charge to General Revenue 8%	$118,701	$0	$118,701
Total Expenditures		**$996,267**	**$51,597**	**$1,047,864**
Ending Cash Balances		**$1,687,609**	**$290,870**	**$1,978,480**

Search Criteria

- Board Name **FLORIDA BOARD OF SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY**
- From **07/01/2020** to **09/25/2020**
- Statuses include **APPROVED**

CE Provider List

Educational Provider Name	Status	Date
LAVI INSTITUTE FOR RESEARCH AND PROFESSIONAL DEVELOPMENT	APPROVED	09/12/2020
SPEECH IRL	APPROVED	08/07/2020
WALT FRITZ, PT/PAIN RELIEF CENTER	APPROVED	09/11/2020

Select Year: 2019 Go

The 2019 Florida Statutes

Title XXXII
REGULATION OF PROFESSIONS AND OCCUPATIONS

Chapter 457
ACUPUNCTURE

View Entire Chapter

457.105 Licensure qualifications and fees.—

(1) It is unlawful for any person to practice acupuncture in this state unless such person has been licensed by the board, is in a board-approved course of study, or is otherwise exempted by this chapter.

(2) A person may become licensed to practice acupuncture if the person applies to the department and:

(a) Is 21 years of age or older, has good moral character, and has the ability to communicate in English, which is demonstrated by having passed the national written examination in English or, if such examination was passed in a foreign language, by also having passed a nationally recognized English proficiency examination;

(b) Has completed 60 college credits from an accredited postsecondary institution as a prerequisite to enrollment in an authorized 3-year course of study in acupuncture and oriental medicine, and has completed a 3-year course of study in acupuncture and oriental medicine, and effective July 31, 2001, a 4-year course of study in acupuncture and oriental medicine, which meets standards established by the board by rule, which standards include, but are not limited to, successful completion of academic courses in western anatomy, western physiology, western pathology, western biomedical terminology, first aid, and cardiopulmonary resuscitation (CPR). However, any person who enrolled in an authorized course of study in acupuncture before August 1, 1997, must have completed only a 2-year course of study which meets standards established by the board by rule, which standards must include, but are not limited to, successful completion of academic courses in western anatomy, western physiology, and western pathology;

(c) Has successfully completed a board-approved national certification process, is actively licensed in a state that has examination requirements that are substantially equivalent to or more stringent than those of this state, or passes an examination administered by the department, which examination tests the applicant's competency and knowledge of the practice of acupuncture and oriental medicine. At the request of any applicant, oriental nomenclature for the points shall be used in the examination. The examination shall include a practical examination of the knowledge and skills required to practice modern and traditional acupuncture and oriental medicine, covering diagnostic and treatment techniques and procedures; and

(d) Pays the required fees set by the board by rule not to exceed the following amounts:

1. Examination fee: $500 plus the actual per applicant cost to the department for purchase of the written and practical portions of the examination from a national organization approved by the board.

2. Application fee: $300.

3. Reexamination fee: $500 plus the actual per applicant cost to the department for purchase of the written and practical portions of the examination from a national organization approved by the board.

4. Initial biennial licensure fee: $400, if licensed in the first half of the biennium, and $200, if licensed in the second half of the biennium.

History.—ss. 1, 2, ch. 80-375; ss. 1, 6, ch. 81-227; s. 334, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 1, 6, ch. 82-172; s. 41, ch. 83-329; ss. 5, 13, 14, ch. 86-265; s. 2, ch. 88-205; s. 16, ch. 89-162; s. 1, ch. 89-318; s. 57, ch. 91-137; s. 4, ch. 91-156; s. 4, ch. 91-429; s. 196, ch. 97-103; s. 8, ch. 97-264; s. 3, ch. 98-418; s. 63, ch. 2000-318.

Note.—Former s. 468.323.

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CHAPTER 64B1-4
QUALIFICATIONS FOR EXAMINATION AND LICENSURE

64B1-4.001 Acupuncture Program Requirements
64B1-4.0011 Documentation Necessary for Licensure Application
64B1-4.0012 English Proficiency Requirement for Licensure
64B1-4.0015 Supervised Instruction Defined
64B1-4.004 Herbal Therapies
64B1-4.005 Oriental Massage
64B1-4.006 Qi Gong
64B1-4.007 Electroacupuncture
64B1-4.008 Adjunctive Therapies
64B1-4.009 Dietary Guidelines
64B1-4.010 Traditional Chinese Medical Concepts, Modern Oriental Medical Techniques
64B1-4.011 Diagnostic Techniques
64B1-4.012 Acupoint Injection Therapies

64B1-4.001 Acupuncture Program Requirements.
In order to be certified to take the licensure examination or to be eligible for licensure by endorsement, the applicant must establish that he/she has met the following minimal requirements.

(1) Applicants who were not enrolled as students prior to August 1, 1997, and completed their education after July 31, 2001, must have completed a core curriculum comparable to that of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) master's level program in oriental medicine with a minimum of 2,700 hours of supervised instruction.

(2) Applicants who were not enrolled as students prior to August 1, 1997, and completed their education prior to July 31, 2001, must have completed 60 college credits from an accredited postsecondary institution prior to completion of a 3-year course of study in acupuncture and oriental medicine with a minimum of 2,025 hours of supervised instruction.

(3) Applicants who were enrolled as students in a program prior to August 1, 1997, must have completed at least 900 hours of supervised instruction in traditional oriental acupuncture and at least 600 hours of supervised clinical experience. All applicants under this provision must have started classes no later than February 1, 1998.

(4) All applicants must have 60 hours study in injection therapy, to include:

(a) History and development of acupuncture injection therapy;

(b) Differential diagnosis;

(c) Definitions, concepts, and pathophysiology;

(d) The nature, function, channels entered, and contraindications of herbal, homeopathic, and nutritional injectables;

(e) Diseases amenable to treatment with acupuncture injection therapy and the injectables appropriate to treat them;

(f) Identification of appropriate points for treatment, including palpatory diagnosis;

(g) A review of anatomy and referral zones;

(h) Universal precautions including management of blood borne pathogens and biohazardous waste;

(i) Procedures for injections, including preparing the injectables, contraindications and precautions;

(j) 10 hours of clinical practice on a patient or patients; and

(k) Administration techniques and equipment needed.

(5) All applicants must successfully complete 15 hours of supervised instruction in universal precautions and 20 hours of supervised instruction in Florida Statutes and Rules, including chapters 456 and 457, F.S., and this rule chapter.

(6) Applicants must have completed an eight hour program or its equivalent that incorporates the safe and beneficial use of laboratory test and imaging findings in the practice of acupuncture and oriental medicine.

Rulemaking Authority 457.104, 457.105 FS. Law Implemented 457.105, 457.1085 FS. History–New 8-30-84, Formerly 21AA-4.01, Amended 7-20-88, 4-30-89, 9-19-89, 3-18-92, Formerly 21AA-4.001, 61F1-4.001, Amended 3-24-96, Formerly 59M-4.001, Amended 12-31-97, 11-1-99, 6-21-00, 4-3-01, 5-24-04, 10-11-04, 10-24-04, 5-30-07, 3-4-10, 2-7-17, 12-3-18.

64B1-4.0011 Documentation Necessary for Licensure Application.

A properly completed application shall be submitted on Department of Health Form Acupuncture Application for Licensure with Instructions, DH-MQA 1116, 06/19, adopted and incorporated herein by reference as this Board's application and available on the web at http://www.flrules.org/Gateway/reference.asp?No=Ref-11125, or www.floridaacupuncture.gov/resources. To complete the application attach the appropriate fees and supporting documents and submit it to the address listed on the instructions.

Rulemaking Authority 456.013, 456.048, 457.104, 457.105 FS. Law Implemented 456.048, 456.013(1), 456.0635, 457.105 FS. History–New 2-18-98, Amended 10-11-04, 5-25-09, 8-5-10, 10-23-13, 2-8-17, 4-1-19, 9-30-19.

64B1-4.0012 English Proficiency Requirement for Licensure.

(1) Applicants who have passed the national written examination in any language other than English shall demonstrate their ability to communicate in English by earning a passing score on either the Test of English as a Foreign Language examination (hereinafter TOEFL) or the Test of Spoken English examination (hereinafter TSE), as administered by the Educational Testing Services. As used throughout this section, a passing score for the TOEFL is defined as a scaled score of 500 or greater for paper; 173 or greater for computer; or 61 or greater for internet. A passing score for the TSE is defined as a scaled score of 50 or greater. It shall be the individual responsibility of such applicants to apply for and schedule either the TOEFL examination or the TSE examination, and to obtain their official score report from the testing services prior to applying for licensure. These applicants shall submit a copy of their official score report with their application.

(2) Applicants applying for licensure by examination who indicate on their application that they wish to take the national written examination for licensure in Florida in any language other than English shall also at the time of their application submit a copy of their official score report indicating that they have passed either the TOEFL examination or the TSE.

Rulemaking Authority 457.104 FS. Law Implemented 457.105(2)(a) FS. History–New 8-28-01, Amended 5-31-04, 5-25-09.

64B1-4.0015 Supervised Instruction Defined.

For the purposes of rule 64B1-4.001, F.A.C., the Board defines "supervised instruction" as follows:

(1) "Supervised instruction" means a planned and supervised instruction of students during which students function in a hands-on capacity with acupuncture patients.

(2) During the first 200 hours of supervised instruction, the student must observe the supervisor/instructor diagnose and treat patients.

(3) During the second 200 hours of supervised instruction, the student must be under the direct supervision of the supervisor/instructor. Direct supervision shall mean that the supervisor/instructor is present in the same room as the student for all hands-on experience.

(4) During the remaining hours of supervised instruction, the student must be under the direct or indirect supervision of the supervisor/instructor. Indirect supervision shall mean that the supervisor/instructor is physically present on the premises, so that the supervisor/instructor is immediately available to the student when needed.

(5) During the remaining hours of supervised instruction, the student must diagnose and treat a minimum of 30 different patients.

(6) For applicants who enroll on or after July 31, 2001, during supervised instruction, the student must observe and use the findings of laboratory test and imaging findings in the course of patient treatment.

Rulemaking Authority 457.104 FS. Law Implemented 457.105 FS. History–New 11-21-95, Amended 2-19-96, Formerly 59M-4.0015, Amended 8-3-00, 2-26-01, 4-10-19.

64B1-4.004 Herbal Therapies.

Herbal therapy means the use, prescription, recommendation, and administration of herbal therapy/phytotherapy which consists of plant, animal, and/or mineral substances and shall include all homeopathic preparations to promote, maintain and restore health and to prevent disease.

Rulemaking Authority 457.104 FS. Law Implemented 457.102(1) FS. History–New 12-24-00.

64B1-4.005 Oriental Massage.

Oriental massage includes traditional Chinese and modern oriental medical techniques which shall include: manual and mechanical stimulation of points, meridians, channels, collaterals, and ah-shi points; all forms of oriental bodywork including acupressure, amma, anmo, guasha, hara, niusha, reiki, reflexology, shiatsu, tuina, traction and counter traction, vibration, and other neuro-muscular, physical and physio-therapeutic techniques used in acupuncture and oriental medicine for the promotion, maintenance, and restoration of health and the prevention of disease.

Rulemaking Authority 457.104 FS. Law Implemented 457.102 FS. History–New 12-24-00.

64B1-4.006 Qi Gong.

Qi Gong means the Chinese system of energy cultivation which uses posture, movement, exercises, breathing, meditation, visualization, and conscious intent to move, cleanse, or purify Qi to promote, maintain and restore health and to prevent disease.

Rulemaking Authority 457.104 FS. Law Implemented 457.102 FS. History–New 12-24-00.

64B1-4.007 Electroacupuncture.

Electroacupuncture means the stimulation of points, meridians, channels, collaterals, and ah-shi points with or without needles with: the administration and/or prescription of percutaneous and transcutaneous electrical nerve and tissue stimulation; and/or the use of microcurrent; low volt; high volt; interferential current; galvanic current; and acupunctoscope.

Rulemaking Authority 457.104 FS. Law Implemented 457.102 FS. History–New 12-24-00.

64B1-4.008 Adjunctive Therapies.

Adjunctive therapies shall include the stimulation of acupuncture points, ah-shi points, auricular points, channels, collaterals, meridians, and microsystems with the use of: air; aromatherapy; color; cryotherapy; electric moxibustion; homeopathy; hyperthermia; ion pumping cords; iridology; kirlian photography; laser acupuncture; lifestyle counseling; magnet therapy; paraffin; photonic stimulation; recommendation of breathing techniques; therapeutic exercises and daily activities; sound including sonopuncture; traction; water; thermal therapy; and other adjunctive therapies and diagnostic techniques of traditional Chinese medical concepts and modern oriental medical techniques as set forth in rule 64B1-4.010, F.A.C.

Rulemaking Authority 457.104 FS. Law Implemented 457.102 FS. History–New 12-24-00.

64B1-4.009 Dietary Guidelines.

Dietary guidelines shall include nutritional counseling as used in acupuncture and oriental medicine and the administration, prescription, and/or recommendation of nutritional supplements to promote, maintain, and restore health and to prevent disease.

Rulemaking Authority 457.104 FS. Law Implemented 457.102 FS. History–New 12-24-00.

64B1-4.010 Traditional Chinese Medical Concepts, Modern Oriental Medical Techniques.

Traditional Chinese medical concepts and modern oriental medical techniques shall include acupuncture diagnosis and treatment to prevent or correct malady, illness, injury, pain, addictions, other conditions, disorders, and dysfunction of the human body; to harmonize the flow of Qi or vital force; to balance the energy and functions of a patient; and to promote, maintain, and restore health; for pain management and palliative care; for acupuncture anesthesia; and to prevent disease by the use or administration of: stimulation to acupuncture points, ah-shi points, auricular points, channels, collaterals, meridians, and microsystems which shall include the use of: akabane; allergy elimination techniques; breathing; cold; color; correspondence; cupping; dietary guidelines; electricity; electroacupuncture; electrodermal screening (EDS); exercise; eight principles; five element; four levels; hara; heat; herbal therapy consisting of plant, animal, and/or mineral substances; infrared and other forms of light; inquiring of history; jing-luo; listening; moxibustion; needles; NAET; observation; oriental massage - manual and mechanical methods; palpation; physiognomy; point micro-bleeding therapy; pulses; qi; xue and jin-ye; ryodoraku; san-jiao; six stages; smelling; tongue; tai qi; qi gong; wulun-baguo; yin-yang; zang-fu; Ayurvedic, Chinese, Japanese, Korean, Manchurian, Mongolian, Tibetan, Uighurian, Vietnamese, and other east Asian acupuncture and oriental medical concepts and treatment techniques; French acupuncture; German acupuncture including electroacupuncture and diagnosis; and, the use of laboratory test and imaging findings.

Rulemaking Authority 457.104 FS. Law Implemented 457.102 FS. History–New 11-6-01.

64B1-4.011 Diagnostic Techniques.

Diagnostic techniques which assist in acupuncture diagnosis, corroboration and monitoring of an acupuncture treatment plan or in making a determination to refer a patient to other health care providers shall include: traditional Chinese medical concepts and modern oriental medical techniques, recommendation of home diagnostic screening; physical examination; use of laboratory test findings; use of imaging films, reports, or test findings; office screening of hair, saliva and urine; muscle response testing; palpation; reflex; range of motion; sensory testing; thermography; trigger points; vital signs; first-aid; hygiene; and sanitation.

Rulemaking Authority 457.104 FS. Law Implemented 457.102(1) FS. History–New 11-6-01.

64B1-4.012 Acupoint Injection Therapies.

Effective March 1, 2002, adjunctive therapies shall include acupoint injection therapy which shall mean the injection of herbs, homeopathics, and other nutritional supplements in the form of sterile substances into acupuncture points by means of hypodermic needles but not intravenous therapy to promote, maintain, and restore health; for pain management and palliative care; for acupuncture anesthesia; and to prevent disease.

Rulemaking Authority 457.104 FS. Law Implemented 457.102 FS. History–New 2-18-01.

Taylor, Carol

From: Sutton-Johnson, Sherri <Sherri.Sutton-Johnson@flhealth.gov>
Sent: Monday, May 13, 2019 8:33 AM
To: Taylor, Carol <Carol.Taylor@flhealth.gov>
Subject: RE: question

Good morning, Carol,

Please see the attached rule regarding English proficiency. I've also include language from s. 464.008, F.S., as it specifically pertains to your inquiry. Please let me know if you have additional questions.

64.008 Licensure by examination.—
(1) Any person desiring to be licensed as a registered nurse or licensed practical nurse shall apply to the department to take the licensure examination. The department shall examine each applicant who:

(a) Has completed the application form and remitted a fee set by the board not to exceed $150 and has remitted an examination fee set by the board not to exceed $75 plus the actual per applicant cost to the department for purchase of the examination from the National Council of State Boards of Nursing or a similar national organization.

(b) Has provided sufficient information on or after October 1, 1989, which must be submitted by the department for a statewide criminal records correspondence check through the Department of Law Enforcement.

(c) Is in good mental and physical health, is a recipient of a high school diploma or the equivalent, and has completed the requirements for:

1. Graduation from an approved program;
2. Graduation from a prelicensure nursing education program that the board determines is equivalent to an approved program;
3. Graduation on or after July 1, 2009, from an accredited program; or
4. Graduation before July 1, 2009, from a prelicensure nursing education program whose graduates at that time were eligible for examination.

Courses successfully completed in a professional nursing education program that are at least equivalent to a practical nursing education program may be used to satisfy the education requirements for licensure as a licensed practical nurse.

(d) Has the ability to communicate in the English language, which may be determined by an examination given by the department.

Warmest regards,

Sherri Sutton-Johnson, MSN, RN, CCHW, DrPH(c), Director of Nursing Education
Department of Health, Division of Medical Quality Assurance
Bureau of Health Care Practitioner Regulation, **Board of Nursing**
4052 Bald Cypress Way, Bin C-02
Tallahassee, FL 32399-3252
Phone (850) 617-1496

From: Taylor, Carol
Sent: Friday, May 10, 2019 3:55:50 PM
To: Greenfield, Melissa L
Subject: question

Does the Board of Nursing have an English proficiency rule for licensure?

If so, could you provide me the rule?

Thanks

Carol Taylor
Program Operations Administrator
Florida Department of Health
Board of Osteopathic Medicine,
Board of Speech-Language Pathology & Audiology
Board of Acupuncture
Direct Line (850) 245-4588
Direct Fax (850) 921-6184
How am I communicating? Please contact my supervisor at Kama Monroe with any questions or concerns to comment on my customer service.

64B9-3.002 Qualifications for Examination.

An applicant seeking certification to take the licensure examination shall submit a completed Nursing Licensure by Examination Application, form number DH-MQA 1094, 12/18, hereby incorporated by reference, and may be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-10287, or Nursing Licensure by Re-Examination Application, form number DH-MQA 1120, 12/18, hereby incorporated by reference, and may be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-10288, demonstrating that he or she meets the qualifications prescribed by the Nurse Practice Act, chapter 464, F.S. These forms are also available from the Board office or on the Board's website: http://floridasnursing.gov. The demonstration shall include:

(1) A high school diploma, or a high school diploma equivalent.

(2) For graduates of an approved nursing program, a notice of graduation or of completion of the requirements for graduation. For graduates of an approved program equivalent, an official transcript or equivalent documentation which identifies all courses completed with a minimum acceptable passing score established by the institution or program at which each course was completed that meet graduation requirements. For graduates of programs in a country other than the United States, the applicant must obtain a report by a credentialing agency that meets the requirements of rule 64B9-3.014, F.A.C.

(3) For an applicant writing the examination for practical nurses on the basis of practical nursing education equivalency, a completed Practical Nurse Equivalence (PNEQ) Application Letter or an official certified transcript which sets forth graduation from an approved professional program. The form is available from the Board office or on the Board's website: http:floridasnursing.gov.

(4) If the applicant is a graduate of a foreign prelicensure education program not taught in English, or if English is not the applicant's native language, successful completion of one of the following:

(a) A minimum score of 540 on the paper version; 207 on the computerized version or 76 on the internet based version, on the Test of English as a Foreign Language (TOEFL) Examination;

(b) A minimum score of 79% on the Michigan English Language Assessment Battery (MELAB);

(c) A minimum score of 6.5 overall with a 7.0 on the spoken portion of the academic version of International English Language Testing System (IELTS), or

(d) A minimum score of 51 on the Pearson Test of English Academic (PTE Academic).

Rulemaking Authority 456.013, 464.006 FS. Law Implemented 456.013, 456.0135, 464.0195(3), 456.0635, 464.008, 464.0095, art.III(3)(d) FS. History–New 4-27-80, Amended 3-16-81, 8-2-81, 7-11-83, Formerly 21O-8.21, Amended 3-3-87, 12-8-87, 6-8-88, Formerly 21O-8.021, Amended 1-30-94, Formerly 61F7-3.002, Amended 9-25-96, Formerly 59S-3.002, Amended 7-27-98, 4-19-00, 5-8-01, 9-23-03, 1-29-07, 11-22-07, 12-7-10, 6-13-17, 1-19-18, 3-3-19.

64B16-26.2031 Licensure by Examination (Foreign Graduates); Application.

In order for a foreign pharmacy graduate to be admitted to the professional licensure examination, the applicant must be a graduate of a four year undergraduate pharmacy program at a school or college outside the United States and have completed an internship program approved by the Board.

(1) All applications for licensure by examination must be made on form DH-MQA 103 (Rev. 07/16), Pharmacist Examination Application For Foreign Graduates and Instructions, which is hereby incorporated by reference, and which can be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-07404, the Board of Pharmacy, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254, or the Board's website at http://floridaspharmacy.gov/Applications/app-pharmacist-exam-foreign-grad.pdf. The application must be accompanied with an examination fee and an initial license fee as set forth in Rules 64B16-26.1001 and 64B16-26.1002, F.A.C.

(2) In addition to the requirements of subsection (1), the applicant must submit proof of having met the following requirements:

(a) Successfully pass the foreign pharmacy graduate equivalency examination, given by the Foreign Pharmacy Graduate Equivalency Commission, with a minimum score of 75%;

(b)1. Demonstrate proficiency in the use of English by passing the Test of English as a Foreign Language (TOEFL), which is administered by the Educational Testing Service, Inc., with a score of at least 550 for the pencil and paper test or 213 for the computer version and by passing the Test of Spoken English (TSE) with a score of 50 on the recalibrated TSE, or

2. Demonstrate proficiency in the use of English by passing the Test of English as a Foreign Language Internet-based test (TOEFL ibt) with scores of: Listening – 18; Reading – 21; Speaking – 26; and Writing – 24; and,

(c) Complete 2080 hours of supervised work activity, of which a minimum of 500 hours must be completed within the State of Florida. Such experience must be equivalent to that required in the internship program as set forth in Rule 64B16-26.2033, F.A.C. The work experience program, including both the preceptor and the permittee, must be approved by the Board of Pharmacy. Work experience shall be documented on form DH-MQA 1153 (Rev. 07/16), Foreign Graduate Registered Intern Work Activity Manual, which is hereby incorporated by reference, and which can be obtained from http://www.flrules.org/Gateway/reference.asp?No=Ref-07405; the Board of Pharmacy, 4052 Bald Cypress Way, Bin #C04, Tallahassee, Florida 32399-3254; or the Board's website at http://floridaspharmacy.gov/Applications/info-foriegn-grad-reg-intern-manual.pdf. No program of supervised work activity shall be approved for any applicant until said applicant has obtained the specified passing scores on the Foreign Pharmacy Graduate Equivalency Examination.

Rulemaking Authority 456.013(1), 465.005 FS. Law Implemented 456.013(1), 456.025(3), 465.007(1) FS. History–New 1-11-05, Amended 8-8-07, 6-10-09, 5-27-10, 9-12-16.

SPEECH-LANGUAGE-PATHOLOGY AND AUDIOLOGY HANDBOOK

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Office of the Professions
Division of Professional Licensing Services
Cultural Education Center
Albany, New York 12230

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THE STATE OF LEARNING

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Executive Secretary to the State Board for Speech-Language and Audiology
RONNIE HAUSHEER

The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, veteran status, national origin, race, gender or sexual orientation in the educational programs and activities which it operates. Portions of this publication can be made available in a variety of formats, including braille, large print or audio tape, upon request. Inquiries concerning this policy of equal opportunity and affirmative action should be referred to the Department's Affirmative Action Officer, NYS Education Department, 89 Washington Avenue, Albany, NY 12234.

PREFACE

This handbook has been developed to serve as a helpful reference guide. It contains laws, rules and regulations of the State Education Department that govern speech-language pathology and audiology in the State of New York. The handbook also describes licensure requirements and includes complete application forms and instructions for obtaining licensure and first registration as a licensed speech-language pathologist or audiologist.

The Division of Professional Licensing Services has installed a new service for receiving toll-free calls from persons calling within the United States.

The number for callers from this wide area telephone service (WATS) zone is **1-800-342-3729**.

Callers may also use **518-474-3817**.

Inquiries concerning practice issues should be directed to the State Board for Speech-Language Pathology and Audiology at **518-473-0221**.

When writing to the State Education Department, address letters to the attention of the appropriate unit, for instance:

Attention: Speech-Language Pathology and Audiology
New York State Education Department
Division of Professional Licensing Services
Cultural Education Center
Albany, NY 12230

PLEASE NOTE: The applicant is responsible for reading this Handbook prior to submitting an application for licensure.

This publication replaces the Speech-Language Pathology and Audiology Handbook, November 1988.

OVERVIEW OF PROFESSIONAL REGULATION IN NEW YORK STATE

In 1892 the Board of Regents began licensing physicians. By 1903 dentistry, veterinary medicine, public accountancy, pharmacy and registered professional nursing had been added to the list of licensed professions. Now, on behalf of the Board of Regents, the State Education Department issues licenses and other authorizations for practice under Title VIII of the Education Law in 31 fields. These fields comprise virtually all of the areas of practice traditionally called professions except law, which is subject to regulation through the judiciary; theology, the practice of which is not subject to regulation by the State; and teaching which is subject to a separate body of law and regulation.

The New York system of profession regulation is unique in placing a citizen body in charge of the education, licensing, and discipline of the professions. It is unique in providing for State Boards to *advise* the Commissioner and the Regents on all matters relating to licensure, practice and discipline. Unlike in most states, the boards do not make policy nor do they make final decisions on disciplinary issues – they make recommendations and provide valuable advice to the Department and the Board of Regents.

Bringing education, licensure, and discipline together provides a uniquely wide scope of authority. In New York State, the public gains not only in consistency of policy across the professions but also in accountability. It gains, too, in cost effectiveness made possible by centralizing data processing, examination, and other licensing services, and the investigation and processing of professional discipline cases.

Under policies established by the Board of Regents, the Title VIII professions are administered by the State Education Department's Office of the Professions which will be described in more detail in the following sections of this handbook.

Professional Education Program Review

Program review in the professions is particularly important because programs designated as "licensure qualifying" become partners in the licensing process, and their graduates are considered to meet educational requirements for licensure. The number of licensure qualifying programs has grown in the past decade from 339 to over 800. The number of related, but non-licensure, academic programs has increased from 500 to almost 1,700.

Two important themes of the Office of Professional Education Program Review are increasing minority access and assuring an increased emphasis on ethical training in professional programs. The Commissioner's Regulations requiring that affirmative action be a factor in college admissions will be a central concern of the Program Review staff. Important, too, is the renewed emphasis on ethics. In future years the Office will seek to produce information on ethics, laws and rules that can be made available in various formats to all professional education programs. At the very least, New York should expect that professionals trained under programs approved by the Regents have a minimum, common orientation to professional values and ethics.

State Board Offices

The State Boards for the Professions are advisory to the State Education Department on matters of education, licensure, and discipline. Members of the 20 State Boards for the Professions are appointed by the Board of Regents from among applicants and nominees who are recruited through wide-ranging efforts of the State Education Department. In making recommendations to the Regents for State Board appointments, Department staff strive to ensure representation of ethnic minorities, women and geographic areas while providing a diversity of professional backgrounds and securing individuals who are willing to make the contributions of time and energy that are required. To provide an essential linkage to professional issues and practice, the law provides that the State boards include a certain minimum number of licensed persons who are residents of, and have professional experience in, New York State. In addition, the law requires that each board have one or more public members who are not to be connected with the profession except as consumers of the services provided by the profession.

Questions regarding the practice of your profession may be directed to the appropriate State Board Office.

New York State Education Department
Cultural Education Center
Albany, N.Y. 12230
Telephone – (Area Code 518)

Acupuncture	473-0221
Animal Health Technology	474-3867
Architecture	474-3930
Audiology	473-0221

or patients may voluntarily surrender their license while receiving treatment rather than face charges of professional misconduct. The Committee for Professional Assistance, composed primarily of professionals who treat individuals with addictive illness, advises the Department on who should be accepted into the program, the acceptability of the treatment program and appropriate monitoring of program participants to assure public safety. All applications are confidential. Any person interested in additional information may contact the Coordinator of Professional Practice, New York State Education Department, Professional Assistance Program, Cultural Education Center, Albany, NY 12230, (518) 473- 6809.

Professional Discipline

A license to practice a profession in New York State is in effect for life unless revoked by the Board of Regents following a finding of professional misconduct. Professional misconduct is defined in Section 6509 of the Education Law and in Part 29 of the Rules of the Board of Regents. It is the responsibility of every professional to be aware of the laws and regulations governing his or her profession. Copies of applicable statute and rules are available from the Division of Professional Licensing Services.

Professional misconduct includes: practicing beyond the authorized scope of practice; practicing fraudently; practicing with gross negligence or incompetence; practicing while impaired by alcohol, drugs or mental disability; being a habitual user of drugs; being convicted of a crime; fee splitting; delegation of duties to an unauthorized person; physical or sexual abuse of a patient; filing false reports; failure to maintain proper records; ordering excessive or unnecessary tests; and other serious matters.

The Office of Professional Discipline (OPD) of the New York State Education Department investigates and prosecutes allegations of misconduct in all professions except medicine. In medicine, the investigation and prosecution of misconduct is the responsibility of the Office of Professional Medical Conduct (OPMC) of the Department of Health. In all professions, including medicine, the Board of Regents makes the final decision in disciplinary matters.

Any person who suspects or has knowledge of professional misconduct should report the information to the appropriate office listed below. (Physicians are required by law to report possible misconduct. Failure to make such a report is, in itself, misconduct.) Complaints will be treated confidentially. If an investigation develops sufficient evidence, disciplinary proceedings will be commenced leading to final determination by the Board of Regents. If the Regents find that a licensee has committed professional misconduct, they may revoke or suspend the license, or impose other penalties appropriate to the misconduct.

To report misconduct, for professions other than medicine; write the **Office of Professional Discipline, New York State Education Department,** 1 Park Avenue, New York, NY 10016. Or call the **Professional Misconduct Hotline, toll-free, at 1-800-442-8106.** You may also call or write any of OPD's regional offices:

Albany: Office of Professional Discipline, 1580 Columbia Turnpike, Bldg. 3, Castleton, NY 12033. Telephone: (518) 479-7070.

Buffalo: Office of Professional Discipline, 2 Pleasant Avenue West, Lancaster, NY 14086. Telephone: (716) 681-2860.

Long Island: Office of Professional Discipline, 350 Daniels Street, Lindenhurst, NY 11757. Telephone: (516) 226-2109.

New York City: Office of Professional Discipline, 163 West 125th Street, New York, NY 10027. Telephone: (212) 870-4369, or 47-40 21st Street, Long Island City, NY 11101. Telephone: (718) 482-6400.

Rochester: Office of Professional Discipline, P.O. Box 397, 2000 Lehigh Station Rd., Henrietta, NY 14467. Telephone: (716) 334-5184.

Syracuse: Office of Professional Discipline, Nottingham & Waring Road, Jamesville, NY 13078. Telephone: (315) 445-2111.

Mid-Hudson: Office of Professional Discipline, 55 Church Street, White Plains, NY 10601. Telephone: (914) 761-8067.

To report misconduct in medicine, write or call the **Office of Professional Medical Conduct, New York State Departmet of Health,** Empire State Plaza, Tower Building, Albany, NY 12237. Telephone: (518) 474-8357. Or contact the medical investigator in the OPMC office nearest you:

Albany Regional Office, New York State Department of Health, Building 7-A, The State Campus, Albany, New York 12226. Telephone: (518) 457-7150, 7151, or 7152.

Buffalo Regional Office, New York State Department of Health, 584 Delaware Avenue, Buffalo, New York 14202. Telephone: (716) 847-4517.

New York City Regional Office, New York State Department of Health, 8 East 40th Street, New York, New York 10016. Telephone: (212) 696-2619.

LICENSURE REQUIREMENTS FOR SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

I. GENERAL REQUIREMENTS

1. Education – (See page 5).
2. Examination – (See page 5).
3. Experience – (See page 5).
4. Good Moral Character – Candidates for licensure must be of good moral character.
5. Age – Candidates for licensure must be at least twenty-one (21) years old.
6. Application – Candidates for licensure must file with the Department completed application forms (page 6).
7. Fees – (See page 8).

NOTE: Until all the necessary paperwork and fees have been received, the Division of Professional Licensing Services will not forward the application to the Board office for review.

II. EDUCATION REQUIREMENTS

The applicant must have obtained a master's degree in Speech-Language Pathology *or* Audiology from an approved program or its equivalent in accordance with the Commissioner's Regulations.

To be considered to hold the equivalent of a master's degree from an approved program, the individual must possess a master's degree and post-secondary education including the following:

- a practicum of not less than 300 clock hours in the major area (Speech-Language Pathology or Audiology), of which 150 clock hours must be at the graduate level.
- 60 semester hours (30 of which must be at the graduate level) including:
  - 12 semester hours in basic communications processes
  - 24 semester hours in the major area (Speech-Language Pathology or Audiology)
  - 6 semester hours in the non-major area (Audiology or Speech-Language Pathology)
  - 18 semester hours in the above or related areas

III. EXAMINATION REQUIREMENTS

The applicant must obtain a passing score (at least 600) on the National Teacher Examination in Speech-Language Pathology *or* Audiology.

IV. EXPERIENCE REQUIREMENTS

The applicant must have completed a minimum of nine months of supervised experience in speech-language pathology or audiology satisfactory to the Board. The experience must be obtained *after all requirements* for the master's degree are satisfied.

1. **Nature of Experience.** The professional experience requirements for licensure in speech-language pathology and audiology are defined as including direct clinical work with patients, consultations, record keeping, and any other duties relevant to a valid clinical program. It is expected, however, that at least two-thirds of the clinical experience will be in direct clinical contact with persons who have communication disorders. Time spent in supervision of students, academic teaching, research, or administrative activities that do not deal directly with patient management will not be counted as professional experience in this context.

2. **Scope of Experience.** The supervised experience may be full-time or part-time as defined below:
   - Full-time: At least nine months of continuous employment consisting of at least 30 hours per week in not more than two places of employment. The supervised experience must be completed within 24 months.

Section II and submission to the Department. **Form 2R will not be accepted if returned by the candidate.** See pages 48–64 for a listing of registered and/or ASHA accredited programs.

D. **Form 2N – Certification of Nonaccredited Professional Education including Verification of Practicum.** All graduates of masters degree programs not included on the attached listing of registered and ASHA accredited programs must complete Form 2N. Candidates should complete Section I of this form and forward it to their college for completion of Section II and submission to the Department. **Form 2N will not be accepted if returned by the candidate. Candidates must also arrange to have official transcripts sent for both graduate and undergraduate studies.** Also, candidates from programs outside the United States must provide the Department with photocopies of all educational credentials, including transcripts or marksheets. All documents not printed in English must be accompanied by an acceptable translation that includes all written and printed matter on the originals and is prepared by a qualified translator. An Affidavit of Accuracy prepared by the translator must accompany the translation. The translator must affirm having read the entire translation after it has been completed, that the entire document has been translated, that nothing has been omitted or added, and that the translation is true and correct. The Department will only accept translations prepared by the candidate if they have been verified by a qualified translator who provides an Affidavit of Accuracy. The original translation will be returned to candidates only if photocopies of entire translations (including the Affidavit of Accuracy) are submitted.

E. **Form 3 – Identification of Supervisor and Setting.** For the applicant's protection, this form should be submitted at the *beginning* of the paid experience. This will allow for a timely review of the proposed supervisory plan. Approval of the supervisory plan will result in the issuance by the Department of a Notice of Approval (Form 6). This approval is especially important for those candidates working in settings where licensure is mandated, such as hospitals, clinics, and private practices, and ultimately expedites the licensing process at the time of completion of the supervised experience.

F. **Form 4 – Record of Supervised Experience.** This form should be submitted within the two weeks immediately following the completion of the paid experience. The intent of Forms 3 and 4 is to have applicants file at the beginning of the paid experience. Requests for approval of such experience on a retroactive basis should be addressed to the State Board for Speech-Language Pathology and Audiology. **Form 4 will not be accepted if returned by the candidate.**

G. **Use of ASHA Clinical Fellowship Year (CFY) Credentials.** For those candidates who *began* their ASHA CFY prior to October 1, 1977, copies of the final report filed for ASHA may be submitted in lieu of Forms 3 and 4 of the application. *All* candidates who began their CFY *after* October 1, 1977 must document their experience on Forms 3 and 4. The supervisor of record should sign Forms 3 and 4 where appropriate. If it is not possible to contact the original supervisor, the candidate should have ASHA send a copy of the final report and contact the State Board Office for further instructions. All ASHA materials must be in the form of official copies *sent directly by ASHA* to the Division of Professional Licensing Services.

H. Test scores for the Specialty Examinations in Speech-Language Pathology and Audiology (NTE) must be sent directly by the testing service. Please request that your NTE scores be sent to agency R7747 (New York State Board for Speech-Language Pathology and Audiology) by writing to: NTE Programs, Educational Testing Service, P.O. BOX 6052, Princeton, NJ 08541-6052 or telephoning (609) 771-7395. The fee for additional reports is $20.00. However, because ASHA has determined that scores more than five years old are invalid, some candidates will be unable to have their scores released by the testing agency. In such cases, the applicant must contact ASHA and ask that a letter be sent to the Office of the State Board for Speech-Language Pathology and Audiology indicating the date on which their examination was taken and the score achieved. Contact ASHA by writing to: American Speech-Language-Hearing Association, 10801 Rocksville Pike, Rockville, MD 20852 or telephoning (301) 897-5700. New York State currently has no limitations on the validity of test scores for the two professions.

If the applicant has filed in a timely fashion, the Division of Professional Licensing Service will

ceipt of a proper application, on a form prescribed by the department, and the registration fee. Any licensee who fails to register by the beginning of the appropriate registration period shall be required to pay an additional fee for late filing of ten dollars for each month that registration has been delayed while such licensee continued to practice his profession. The licensee resuming practice after a lapse of registration shall be permitted to practice without actual possession of the registration certificate for not more than four months after mailing to the department the required application fee.

D. **Confirmation of Newly Issued Licenses/ Certificates:**

When eligible candidates are approved for licensure by the Department, a license number and an effective date are issued. Approved candidates will become legally licensed and entitled to practice in New York State as of that effective date. Written confirmation of licensure by the department is verified by receipt of the registration certificate which is mailed within two to three weeks following the licensure date. Candidates who have reason to believe they have fully met the requirements for licensure are welcome to use the Division's licensure and registration verification services by telephoning the Toll Free Number in the preface. The license number, once issued, and the effective date of licensure will be confirmed by telephone.

§6504. Regulation of the professions

Admission to the practice of the professions (licensing) and regulation of such practice shall be supervised by the board of regents (section sixty-five hundred six) and administered by the education department (section sixty-five hundred seven), assisted by a state board for each profession (section sixty-five hundred eight).

§6505. Construction

No definition of the practice of a profession shall be construed to restrain or restrict the performance of similar acts authorized in the definition of other professions.

§6505–a. Professional referrals

There shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any association or society of professionals authorized to practice under this title, or any employee, agent, or member thereof, for referring any person to a member of the profession represented by such association or society provided that such referral was made without charge as a service to the public, and without malice, and in the reasonable belief that such referral was warranted, based upon the facts disclosed.

a. (Eff. Jan. 1, 1989. See also, par. a below.) Establish standards for preprofessional and professional education, experience and licensing examinations as required to implement the article for each profession. Notwithstanding any other provision of law, the commissioner shall establish standards requiring that all persons applying, on or after January first, nineteen hundred ninety-one, initially, or for the renewal of, a license, registration or limited permit to be a physician, chiropractor, dentist, registered nurse, podiatrist, optometrist, psychiatrist, or pyschologist shall, in addition to all the other licensure, certification or permit requirements, have completed two hours of coursework or training regarding the identification and reporting of child abuse and maltreatment. The coursework or training shall be obtained from an institution or provider which has been approved by the department to provide such coursework or training. The coursework or training shall include information regarding the physcal and behavioral indicators of child abuse and maltreatment and the statutory reporting requirements set out in sections four hundred thirteen through four hundred twenty of the social services law, including but not limited to, when and how a report must be made, what other actions the reporter is mandated or authorized to take, the legal protections afforded reporters, and the consequences for failing to report. Each applicant shall provide the department with documentation showing that he or she has completed the required training. The department shall provide an exemption from the child abuse and maltreatment training requirements to any applicant who requests such an exemption and who shows, to the department's satisfaction, that there would be no need because of the nature of his or her practice for him or her to complete such training;

a. (Eff. Jan. 1, 1990. See, also, par. a above.) Establish standards for preprofessional and professional education, experience and licensing examinations as required to implement the article for each profession. Notwithstanding any other provision of law, the commissioner shall establish standards requiring that all persons applying, on or after January first, nineteen hundred ninety-one, initially, or for the renewal of, a license, registration or limited permit to be a physician, chiropractor, dentist, registered nurse, podiatrist, optometrist, psychiatrist, psychologist or dental hygienist shall, in addition to all the other licensure, certification or permit requirements, have completed two hours of coursework or training regarding the identification and reporting of child abuse and maltreatment. The coursework or training shall be obtained from an institution or provider which has been approved by the department to provide such coursework or training. The coursework or training shall include information regarding the physical and behavorial indicators of child abuse and maltreatment and the statutory reporting requirements set out in sections four hundred thirteen through four hundred twenty of the social services law, including but not limited to, when and how a report must be made, what other actions the reporter is mandated or authorized to take, the legal protections afforded reporters, and the consequences for failing to report. Each applicant shall provide the department with documentation showing that he or she has completed the required training. The department shall provide an exemption from the child abuse and maltreatment training requirements to any applicant who requests such an exemption and who shows, to the department's satisfaction, that there would be no need because of the nature of his or her practice for him or her to complete such training;

b. Review qualifications in connecton with licensing requirements; and

c. Provide for licensing examinations and reexaminations.

4. The department shall:

a. Register or approve educational programs designed for the purpose of providing professional preparation which meet standards established by the department.

b. Issue licenses, registrations, and limited permits to qualified applicants;

c. (i) Issue a certificate of authority to a qualified professional service corporation being organized under section fifteen hundred three of the business corporation law on payment of a fee of ninety dollars, (ii) file a certified copy of each certificate of incorporation and amendment thereto within thirty days after the filing of such certificate or amendment on payment of a fee of twenty dollars, (iii) file the annual statement required by section fifteen hundred fourteen of the business corporation law on payment of a fee of thirty-five dollars (iv) as of July first, nineteen hundred eighty-eight, file a triennial statement required on pay-

5. Each member of a board shall receive a certificate of appointment, shall before beginning his term of office file a constitutional oath of office with the secretary of state, shall receive up to one hundred dollars as prescribed by the board of regents for each day devoted to board work, and shall be reimbursed for his necessary expenses. Any member may be removed from a board by the board of regents for misconduct, incapacity or neglect of duty.

6. Each board shall elect from its members a chairman and vice-chairman annually, shall meet upon call of the chairmen or the department, and may adopt bylaws consistent with this title and approved by the board of regents. A quorum for the transaction of business by the board shall be a majority of members but not less than five members.

7. An executive secretary to each board shall be appointed by the board of regents on recommendation of the commissioner. Such executive secretary shall not be a member of the board, shall hold office at the pleasure of, and shall have the powers, duties and annual salary prescribed by the board of regents.

led or such person may be subject to any other penalty provided in section sixty-five hundred eleven of this article in accordance with the provisions and procedure of this article for the following:

That any person subject to the above enumerated articles, has directly or indirectly requested, received or participated in the division, transference, assignment, rebate, splitting or refunding of a fee for, or has directly requested, received or profited by means of a credit of other valuable consideration as a commission, discount or gratuity in connection with the furnishing of professional care, or service, including x-ray examination and treatment, or for or in connection with the sale, rental, supplying or furnishing of clinical laboratory services or supplies, inhalation therapy service or equipment, ambulance service, hospital or medical supplies, physiotherapy or other therapeutic service or equipment, artificial limbs, teeth or eyes, orthopedic or surgical appliances or supplies, optical appliances, supplies or equipment, devices for aid of hearing, drugs, medication or medical supplies or any other goods, services or supplies prescribed for medical diagnosis, care or treatment, under this chapter, except payment, not to exceed thirty-three and one-third per centum of any fee received for x-ray examination, diagnosis or treatment, to any hospital furnishing facilities for such examination, diagnosis or treatment. Nothing contained in this section shall prohibit such persons from practicing as partners, in groups or as a professional corporation nor from pooling fees and moneys received, either by the partnerships, professional corporations or groups by the individual members, thereof, for professional services furnished by any individual professional member, or employee of such partnership, corporation or group, nor shall the professionals constituting the partnerships, corporation or groups be prohibited from sharing, dividing or apportioning the fees and moneys received by them or by the partnership, corporation or group in accordance with a partnership or other agreement; provided that no such practice as partners, corporations or in groups or pooling of fees or moneys received or shared, division or apportionment of fees shall be permitted with respect to care and treatment under the workmen's compensation law except as expressly authorized by the workmen's compensation law. Nothing contained in this chapter shall prohibit a medical or dental expense indemnity corporation pursuant to its contract with the subscriber from prorationing a medical or dental expense indemnity allowance among two or more professionals in proportion to the services rendered by each such professional at the request of the subscriber, provided that prior to payment thereof such professionals shall submit both to the medical or dental expense indemnity corporation and to the subscriber statements itemizing the services rendered by each such professional and the charges therefor.

§6510. Proceedings in cases of professional misconduct

In cases of professional misconduct the proceedings shall be as follows:

1. Preliminary procedures.

   a. Complaint. A complaint of a licensee's professional misconduct may be made by any person to the education department.

   b. Investigation. The department shall investigate each complaint which alleges conduct constituting professional misconduct. The results of the investigation shall be referred to the professional conduct officer designated by the board of regents pursuant to section sixty-five hundred six of this article. If such officer decides that there is not substantial evidence of professional misconduct or that further proceedings are not warranted, no further action shall be taken. If such officer, after consultation with a professional member of the applicable state board for the profession, determines that there is substantial evidence of professional misconduct, and that further proceedings are warranted, such proceedings shall be conducted pursuant to this section. If the complaint involves a question of professional expertise, then such officer may seek, and if so shall obtain, the concurrence of at least two members of a panel of three members of the applicable board.

   c. Charges. In all disciplinary proceedings other than those terminated by an administrative warning pursuant to paragraph a of subdivision two of this section, the department shall prepare the charges. The charges shall state the alleged professional misconduct and shall state concisely the material facts but not the evidence by which the charges are to be proved.

   d. Service of charges and of notice of hearing. A copy of the charges and notice of any hearing pursuant to subdivision two or three of this section shall be served on the licensee personally by the department at least fifteen days before the hearing. If personal service cannot be made after due diligence and such fact is certified under oath, a copy of the charges and the notice of hearing shall be served by certified mail, return receipt requested to the licensee's last known address by the department at least twenty days before the hearing.

matter to the board of regents, the regents review committee may refer any such matter for further proceedings pursuant to paragraph b or c of this subdivision or subdivision three of this section.

3. Adversary proceedings. Contested disciplinary proceedings and other disciplinary proceedings not resolved pursuant to subdivision two of this section shall be tried before a hearing panel of the appropriate state board as provided in this subdivision.

a. Notice of hearing. The department shall set the time and place of the hearing and shall prepare the notice of hearing. The notice of hearing shall state (1) the time and place of the hearing, (2) that the licensee may file a written answer to the charges prior to the hearing, (3) that the licensee may appear personally at the hearing and may be represented by counsel, (4) that the licensee shall have the right to produce witnesses and evidence in his behalf, to cross-examine witnesses and examine evidence produced against him, and to issue subpoenas in accordance with the provisions of the civil practice law and rules, (5) that a stenographic record of the hearing will be made, and (6) such other information as may be considered appropriate by the department.

b. Hearing panel. The hearing shall be conducted by a panel of five or more members, at least four of whom shall be members of the applicable state board for the profession, and at least one of whom shall be a public representative who is a member of the applicable state board or of the state board for another profession licensed pursuant to this title. The executive secretary for the applicable state board shall appoint the panel and shall designate its chairperson. In addition to said panel members, the department shall designate an administrative officer, admitted to practice as an attorney in the state of New York, who shall have the authority to rule on all motions, procedures and other legal objections and shall draft a report for the hearing panel which shall be subject to the approval of and signature by the panel chairperson on behalf of the panel. The adminstrative officer shall not be entitled to a vote.

c. Conduct of hearing. The evidence in support of the charges shall be presented by an attorney for the department. The licensee shall have the rights required to be stated in the notice of hearing. The panel shall not be bound by the rules of evidence, but its determination of guilt shall be based on a preponderance of the evidence. A hearing which has been initiated shall not be discontinued because of the death or incapacity to serve of one member of the hearing panel.

d. Results of hearing. The hearing panel shall render a written report which shall include (1) findings of fact, (2) a determination of guilty or not guilty on each charge, and (3) in the event of a determination of guilty, a recommendation of the penalty to be imposed. For the panel to make a determination of guilty, a minimum of four of the voting members of the panel must vote for such a determination. A copy of the report of the hearing panel shall be transmitted to the licensee.

4. Regents decision procedures.

a. Regents review committee. The transcript and report of the hearing panel or the transcript and report of the hearing officer made pursuant to subdivision nineteen of section two hundred thirty of the public health law, shall be reviewed at a meeting by a regents review committee appointed by the board of regents. The regents review committee shall consist of three members, at least one of whom shall be a regent.

b. Regents review committee meetings. The review shall be based on the transcript and the report of the hearing panel or of the hearing officer made pursuant to subdivision nineteen of section two hundred thirty of the public health law. The licensee may appear at the meeting, and the regents review committee may require the licensee to appear. The licensee may be represented by counsel. The department shall notify the licensee at least seven days before the meeting (1) of the time and place of the meeting, (2) of his right to appear, (3) of his right to be represented by counsel, (4) whether or not he is required to appear, and (5) of such other information as may be considered appropriate. After the meeting, the regents review committee shall transmit a written report of its review to the board of regents. In cases referred directly to the regents review committee pursuant to paragraph d of subdivision two of this section, the review shall be based upon the charges, the documentary evidence submitted by the department, any answer, affidavits or brief the licensee may wish to submit, and any evidence or sworn testimony presented by the licensee or the department at the hearing, pursuant to the procedures described by paragraph d of subdivision two of this section.

c. Regents decision and order. The board of regents (1) shall consider the transcript, the report of the

ney, for good cause shown, upon application made prior to the expiration of such time limitations.

4. Court review procedures. The decisions of the board of regents may be reviewed pursuant to the proceedings under article seventy-eight of the civil practice law and rules. Such proceedings shall be returnable before the appellate division of the third judicial department, and such decisions shall not be stayed or enjoined except upon application to such appellate division after notice to the attorney general.

§6510–b. Temporary surrender of licenses during treatment for drug or alcohol abuse

1. The license and registration of a licensee who may be temporarily incapacitated for the active practice of a profession licensed pursuant to title eight of this chapter, except professionals licensed pursuant to article one hundred thirty-one or article one hundred thirty-one-b thereof, and whose alleged incapacity is the result of a problem of drug or alcohol abuse which has not resulted in harm to a patient or client, may be voluntarily surrendered to the department, which may accept and hold such license during the period of such alleged incapacity or the department may accept the surrender of such license after agreement to conditions to be met prior to the restoration of the license. The department shall give written notification of such surrender to the licensing authorities of any other state or country in which the licensee is authorized to practice. In addition to the foregoing, the department shall also give written notification of such surrender, for professionals licensed pursuant to articles one hundred thirty-two, one hundred thirty-three, one hundred thirty-five, one hundred thirty-seven, one hundred thirty-nine and one hundred forty-one of this chapter to the commissioner of health or his designee, and where appropriate to each hospital at which the professional has privileges, is affiliated, or is employed. The licensee whose license is so surrendered shall notify all persons who request professional services that he or she has temporarily withdrawn from the practice of the profession. The department may provide for similar notification of patients or clients and of other interested parties, as appropriate under the circumstances of the professional practice and responsibilities of the licensee. The licensure status of such licensee shall be "inactive" and he or she shall not be authorized to practice the profession and shall refrain from practice in this state or in any other state or country. The voluntary surrender shall not be deemed to be an admission of disability or of professional misconduct, and shall not be used as evidence of a violation of subdivision three or four of section sixty-five hundred nine of this chapter, unless the licensee practices while the license is "inactive"; and any such practice shall constitute a violation of subdivision eight of said section. The surrender of a license under this subdivision shall not bar any disciplinary action except action based solely upon the provisions of subdivision three or four of section sixty-five hundred nine of this chapter, and only if no harm to a patient has resulted; and shall not bar any civil or criminal action or proceeding which might be brought without regard to such surrender. A surrendered license shall be restored upon a showing to the satisfaction of the department that the licensee is not incapacitated for the active practice of the profession, provided that the department may, by order of the commissioner, impose reasonable conditions on the licensee, if it determines that because of the nature and extent of the licensee's former incapacity, such conditions are necessary to protect the health, safety and welfare of the public. Prompt written notification of such restoration shall be given to all licensing bodies which were notified of the temporary surrender of the license.

2. There shall be appointed within the department, by the board of regents, a committee on drug and alcohol abuse, which shall advise the board of regents on matters relating to practice by professional licensees with drug or alcohol abuse problems, and which shall administer the provisions of this section. The board of regents shall determine the size, composition, and terms of office of such committee, a majority of the members of which shall be persons with expertise in problems of drug or alcohol abuse. The committee shall recommend to the board of regents such rules as are necessary to carry out the purposes of this section, including but not limited to procedures for the submission of applications for the surrender of a license and for the referral of cases for investigation or prosecution pursuant to section sixty-five hundred ten of this chapter if a licensee fails to comply with the conditions of an approved program of treatment. There shall be an executive secretary appointed by the board of regents to assist the committee. Determinations by the committee relating to licensees shall be made by panels of at least three members of the committee designated by the executive secretary, who shall also designate a member of the state board for the licensee's profession as an ex-officio nonvoting member of each panel.

3. Application for the surrender of a license pursuant to this section shall be submitted to the committee, and shall identify a proposed treatment or rehabilitation program, and shall include a consent to the release of all information concerning the licensee's treatment to

health is authorized to monitor physicians, physician's assistants and specialists' assistants who have been placed on probation pursuant to an order of the board of regents. If the board of regents determines a licensee has violated any term or condition of probation, they may impose any additional penalty authorized pursuant to section sixty-five hundred eleven of this article.

ARTICLE 159
SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS

Section 8200. Introduction.
8201. Definition of practice of speech-language pathology.
8202. Practice of speech-language pathology.
8203. Definition of practice of audiology.
8204. Practice of audiology.
8205. State board for speech-language pathology and audiology.
8206. Requirements for a professional license.
8207. Exempt persons.
8208. Special provisions.

§8200. Introduction. This article applies to the professions of speech-language pathology and audiology. The general provisions for all professions contained in article one hundred thirty of this title apply to this article.

§8201. Definition of practice of speech-language pathology. The practice of the profession of speech-language pathology shall mean the application of principles, methods and procedures of measurement, prediction, non-medical diagnosis, testing, counseling, consultation, rehabilitation and instruction related to the development and disorders of speech, voice, and/or language for the purpose of preventing, ameliorating or modifying such disorder conditions in individuals and/or groups of individuals.

§8202. Practice of speech-language pathology. Only a person licensed or otherwise authorized under this article shall practice speech-language pathology or use the title of speech-language pathologist.

§8203. Definition of practice of audiology. The practice of the profession of audiology shall mean the application of principles, methods and procedures of measurement, testing, evaluation, consultation, counselling, instruction and habilitation or rehabilitation related to hearing, its disorders and related communication, impairments for the purpose of non-medical diagnosis, prevention, identification, amelioration or modification of such disorders and conditions in individuals and/or groups of individuals.

§8204. Practice of audiology. Only a person licensed or otherwise authorized under this article shall practice audiology or use the title audiologist.

§8205. State board for speech-language pathology and audiology. A state board for speech-language pathology and audiology shall be appointed by the board of regents on recommendation of the commissioner for the purpose of assisting the board of regents and the department on matters of professional licensing and professional conduct in accordance with section sixty-five hundred eight of this title. The board shall consist of not less than seven members, three of whom shall be audiologists and four of whom shall be speech-language pathologists. Each speech-language pathologist and audiologist on the board shall be licensed and have practiced in this state for at least five years, as provided under this article except that the members of the first board need not be licensed prior to their appointment to the board. An executive secretary to the board shall be appointed by the board of regents on recommendation of the commissioner.

§8206. Requirements for a professional license. To qualify for a license as a speech-language pathologist or audiologist, an applicant shall fulfill the following requirements.

(1) Application: file an application with the department;

(2) Education: have obtained at least a Masters degree in speech-language pathology and/or audiology or its equivalent, as determined by the department, in accordance with the commissioner's regulations;

(3) Experience: have experience satisfactory to the board and in accordance with the commissioner's regulations;

(4) Examination: pass an examination satisfactory to the board and in accordance with the commisioner's regulations;

(5) Age: be at least twenty-one years of age;

(6) Character: be of good moral character as determined by the department; and

THE REGULATIONS OF THE COMMISSIONER OF EDUCATION
PART 59
GENERAL PROVISIONS

Section 59.1 Applicability. (a) As used in this Subchapter, license shall mean a permanent authorization, issued pursuant to Title VIII of the Education Law, to practice a profession or to use a professional title.

(b) The provisions of this Part shall apply to admission to the licensing examination and to the issuance of licenses in each of the professions supervised by the Board of Regents except as may otherwise be provided in this Subchapter with respect to specific professions.

59.2 Education requirements. (a) An applicant for a professional license shall satisfy all education requirements before being admitted to a professional licensing examination, except that the Committee on the Professions may accept professional examination grades earned in another state or jurisdiction of the United States prior to completion of professional education if the applicant was licensed in that jurisdiction on the basis of said examination and both the grades and the examination satisfy requirements in this State. Education requirements for a professional license shall include any preprofessional education or experience required as a prerequisite for admission to a registered program of professional education. The department, in its discretion, may accept in satisfaction of a professional education requirement the completion of an approved or registered program or a program accredited by a professional accreditation organization acceptable to the department. The department, in its discretion, may also accept graduation by a transfer student from such a program provided such student has completed not less than the final year of professional education in such program subsequent to the date of approval, registration or accreditation of the program and approval of the accrediting organization by the department. The department may accept graduation by a transfer student from an unaccredited program of professional education provided such student satisfies the educational requirements of statute and regulation in accordance with this Part and as otherwise provided in this Subchapter with respect to the specific profession, and further provided that such student completes not less than the final year in the unaccredited program to which he has transferred.

(b) Education and experience required for the issuance of a license or limited permit shall have been performed in accordance with all requirements of the jurisdiction in which it took place. The department may require contemporaneous evidence of the education and/or experience required for the issuance of a license or limited permit.

59.3 English proficiency requirement. An applicant for licensure whose application is based upon credit granted for the completion of courses of study in a country where English is not the principal language spoken shall demonstrate proficiency in English by passing an examination in English proficiency acceptable to the department or by passing a licensing examination acceptable to the department given in English.

59.4 Citizenship or immigration status requirements. In those professions where citizenship or immigration status is required for licensure, an applicant shall submit evidence satisfactory to the department of compliance with such requirement.

59.5 Professional examinations. (a) The department may develop its own examinations or may select in whole or in part examinations developed or administered by other organizations. Unless specifically authorized by the department, no examination shall be deemed acceptable which has been used in its entirety during the five years previous to the current administration.

(b) Applications for admission to a licensing examination including all required fees shall be completed and filed not less than 60 days prior to the examination. When the department finds that the application is complete and that the requirements for admission to an examination have been met, it will issue to the applicant an admission card which will include the date, time and place of the examination and entitle the applicant to admission thereto. If an application is denied or withdrawn in a timely manner, an applicant may obtain a refund of the first registration fee and a partial refund not exceeding fifty percent of the licensing fee. A request for such a refund shall be made in writing. Re-application after receipt of a refund may be accepted only upon payment in full of all fees specified.

SPEECH-LANGUAGE PATHOLOGY

CHECK SHEET

(Refer to Application Instruction of Licensure Requirements)

	REGISTERED OR ACCREDITED	NON-REGISTERED AND NOT ACCREDITED
FORM 1	√	√
FORM 1D	*	*
FORM 2R	√	
FORM 2N		√
• UNDERGRADUATE TRANSCRIPT(S)		√
• GRADUATE TRANSCRIPT(S)		√
FORM 3	√ **	√ **
FORM 4	√ **	√ **
ASHA CFY FINAL REPORT	**	**
NTE SPECIALTY EXAMINATION SCORES	√ ***	√ ***
ASHA VERIFIED EXAMINATION RESULTS	***	***

* Requested but not required.

** If you are unable to reach your supervisor and have your CCC based on supervised experience completed years ago, your CFY documents may be submitted by ASHA in lieu of Forms 3 & 4.

*** Scores no longer available from the testing service may be verified by ASHA.

- **Form 1, Form 1D, and Form 3 may be mailed by the applicant.**
- **All other forms and documents must be mailed by the verifying agent or agency directly to:**

Division of Professional Licensing Services
Unit II
Cultural Education Center
Albany, New York 12230

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(c) has not attempted unsuccessfully a licensing examination used by the State of New York either prior to or after making application for licensure by endorsement, unless such applicant has later passed a comparable licensing examination.

59.7 Licenses and initial registrations. When the candidate fulfills all requirements for licensure, the department shall issue a first registration certificate and a license. The first registration shall be for the remainder of the applicable registration period, except that those persons initially licensed during the last four months of a registration period shall be registered for the succeeding registration period without an additional fee.

59.8 Registration for professional practice. (a) Each licensee shall be responsible for registering with the department. Failure to register shall subject the practitioner to the late fee set forth in section 6502 (3) of the Education Law. Any practitioner who willfully refuses to register shall be subject to the penalties set forth in section 6511 of such law.

(b) A licensee not practicing or using a restricted title in New York State or an individual practicing only in a setting which is exempt from licensure in accordance with law may allow registration to lapse without being subject to the late fee set forth in section 6502 of the Education Law, by notifying the department of their cessation of practice or exemption in the state. At such time as the licensee may choose to resume practice or enter practice in a non-exempt setting in New York State, a registration certificate may be issued upon the filing of a proper application and the payment of the required registration fee.

(c) Registration certificates shall be conspicuously displayed by each licensee in each office in which the profession is practiced. In instances where licensees regularly practice at more than one professional office, registration certificates shall be obtained for each office bearing the licensee's name and the exact address of each such office upon making proper application to the department and submitting a fee. Where practice is carried on in other than individual offices, each licensee shall have a current registration certificate available for inspection at all times.

(d) Beginning dates for two-year (biennial) registration periods for each profession shall be as follows:

Professions	Beginning Dates
Professional Engineering, Land Surveying, Massage	11/1/80
Acupuncture, Medicine, Pharmacy, Physical Therapy, Physical Therapist Assistant	1/1/81
Registered Professional Nursing	9/1/81
Chiropractic, Veterinary Medicine, Animal Health Technology, Physician's Assistant, Specialist's Assistant	1/1/82
Social Work	3/1/82
Occupational Therapy, Speech-Language Pathology, Audiology	4/1/82
Dentistry, Dental Hygiene	5/1/82
Optometry, Ophthalmic Dispensing, Certified Shorthand Reporting	7/1/82
Licensed Practical Nursing, Architecture, Landscape Architecture, Certified Public Accountant, Public Accountancy	9/1/82
Psychology	5/1/83
Podiatry	9/1/83
Occupational Therapy Assistant	11/1/83

(e) Beginning dates for new three-year (triennial) registration periods shall be as follows:

Professions	Beginning Dates
Professional Engineering, Land Surveying, Massage	11/1/82
Acupuncture, Medicine, Pharmacy, Physical Therapy, Physical Therapist Assistant	1/1/83
Registered Professional Nursing	9/1/83

PART 75
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY

75.1 Professional study of speech-language pathology and/or audiology. (a) To meet the professional education requirement for admission to the licensing examination, the applicant shall present evidence of:

(1) the completion of a program in speech-language pathology and/or audiology registered by the department or determined by the department to be the equivalent of a registered program; and

(2) having received a master's degree in speech-language pathology or audiology, or the equivalent as determined by the department.

(b) To be considered the equivalent of a master's degree in speech-language pathology and/or audiology, the applicant's educational program must culminate in a master's degree from a college acceptable to the department and shall include a practicum and 60 semester hours of courses as specified in paragraphs (1) or (2) of this subdivision, of which not less than 30 semester hours shall have been at the graduate level.

(1) For speech-language pathology:

(i) Basic communication processes: 12 semester hours;

(ii) Professional areas in speech-language pathology: 24 semester hours, 6 of which shall be in language;

(iii) Professional areas in audiology: 6 semester hours;

(iv) Additional courses in the above or related areas: 18 semester hours; and

(v) A practicum in speech-language pathology of not less than 300 clock hours under supervision, at least 150 clock hours of which shall be on the graduate level and at least 35 but not more than 50 of the 300 hours shall be in audiology.

(2) For audiology:

(i) Basic communication processes: 12 semester hours;

(ii) Professional areas in audiology: 24 semester hours;

(iii) Professional areas in speech-language pathology: 6 semester hours;

(iv) Additional courses in the above or related areas: 18 semester hours; and

(v) A practicum in audiology of not less than 300 clock hours under supervision, at least 150 clock hours of which shall be on the graduate level and at least 35 but not more than 50 of the 300 hours shall be in speech-language pathology.

75.2 Experience. (a) An applicant for licensure shall have completed not less than nine months of supervised experience of a scope and nature satisfactory to the State Board for Speech-Language Pathology and Audiology after all requirements for the master's degree are completed.

(b) Duration. (1) Within any two-year period following completion of an educational program that meets the requirements of Section 75.1 of this Part, an applicant must accrue nine months of acceptable experience with not more than two employers.

(2) Credit toward the experience requirement may be given for part-time employment accumulated at the rate of not less than 2 days per week and consisting of not less than 15 hours per week for continuous periods of not less than 6 months.

(c) Supervision. (1) Supervision shall include meeting with and observing the applicant on a regular basis to review and evaluate the supervised experience and to foster professional development.

(2) Supervision shall be provided by the organization in which the applicant is working, and by an individual who is licensed in New York in the field for which the applicant seeks licensure, except that supervision of experience acquired in another state or in an exempt setting may be provided by a person holding the Certificate of Clinical Competence of the American Speech-Language Hearing Association.

75.3 Examination. The department may accept grades satisfactory to the State Board for Speech-Language Pathology and Audiology on the uniform examination in speech-language pathology and/or audiology of the American Speech-Language Hearing Association, which examination may be used in whole or in part.

(c) The application shall be in such form and shall contain such substance as is acceptable to the executive director of the Office of Professional Discipline or the director's designee.

(d) In the event an application is not granted by the Board of Regents, nothing contained therein shall be binding upon the licensee or construed to be an admission of any act of misconduct alleged or charged, and such application shall not be used against the licensee in any way. Any such application shall be kept in strict confidence during the pendency of the disciplinary proceeding. In addition, such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

(e) In the event the Board of Regents grants the application, the Commissioner of Education shall issue an order in accordance therewith.

17.6 Surrender of license. Disciplinary proceedings conducted pursuant to the provisions of title VIII of the Education Law may be disposed of in accordance with the following procedure:

(a) A licensee who is under investigation or against whom charges have been voted, who wishes to surrender his or her license to practice any of the professions enumerated in title VIII, shall notify the executive director of the Office of Professional Discipline or that officer's designee.

(b) An application to surrender a license shall be based upon a statement that the licensee admits guilt to at least one of the acts of misconduct alleged or charged, in full satisfaction of all allegations or charges, or does not contest the allegations or charges, or cannot successfully defend against at least one of the acts of misconduct alleged or charged. If the executive director or the director designee, a designated member of the State Board for the applicable profession, and the licensee agree to such statement, and if a designated member of the Board of Regents thereafter agrees to such statement, a written application, signed by the licensee, shall be submitted to the Board of Regents. The application shall be in such form and shall contain such substance as is acceptable to the executive director of the Office of Professional Discipline or the director's designee. The provisions of this section shall also apply to licensees and registrants subject to section 230 of the Public Health Law and to article 137 of the Education Law. With respect to licensees subject to section 230 of the Public Health Law, the agreement of the director of the Office of Professional Medical Conduct or that officer's designee and the Commissioner of Health or his or her designee to the statement, and their signature on the application, shall be required in lieu of the agreement and signature of the executive director of the Office of Professional Discipline. With respect to licensees subject to the provisions of section 230 of the Public Health Law, the term State Board as used in this section means the State Board for Professional Medical Conduct. With respect to licensees and registrants subject to article 137 of the Education Law, the agreement of the executive secretary of the State Board of Pharmacy to the statement and his or her signature on the application shall also be required.

(c) In the event the application is not granted by the Board of Regents, nothing contained therein shall be binding upon the licensee or construed to be an admission of any act of misconduct alleged or charged, and such application shall not be used against the licensee in any way. The application shall be kept in strict confidence during the pendency of the disciplinary proceeding. In addition, any such denial by the Board of Regents shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

(d) In the event the Board of Regents grants the application, the Commissioner of Education shall issue an order in accordance therewith. The order shall include a provision that the licensee may not apply for the restoration of the license affected by the granted application until at least one year has elapsed from the effective date of such order.

17.7 Violation of probation. (a) Upon the receipt of information indicating that the respondent may be in violation of any of the terms or conditions of respondent's probation, the department shall conduct an investigation.

(b) The executive director of the Office of Professional Discipline shall review the results of the investigation and if the executive director determines that a violation of probation proceeding is warranted, the executive director shall give notice to the respondent, by letter, of the facts forming the basis of the alleged violation of respondent's probation. The respondent, in said letter, shall be requested to indicate whether there is any dispute as to the facts, and shall be informed that if respondent disputes any of the facts the respondent shall be entitled to a hearing thereon.

(c) If the respondent does not dispute the facts forming the basis of the alleged violation of probation, the matter shall be submitted to the Regents Review Comittee for its review and recommendation(s) as to whether, based upon the undisputed facts, there has been a violation of the

ply, together with any sworn statement and supporting exhibits, shall be transmitted at the time of service of each paper to the regent designated to hear the case. Saturdays, Sundays and legal holidays shall be excluded in calculating the periods of time set forth in this subdivision.

(c) At the oral argument, the Office of Professional Discipline and respondent and/or his or her attorney shall have the right to be heard, but no testimony shall be taken and no transcript of oral arguments shall be required. No further papers shall be submitted at the oral argument except by permission of the regent designated to conduct the proceeding.

(d) The regent designated by the chancellor to conduct the proceeding shall submit a written report of his or her conclusions and recommendation(s) to the Board of Regents, which shall determine whether to grant or deny the application for summary suspension. A determination by the Board of Regents granting the application must be based upon a finding that the public health, safety or welfare imperatively requires emergency action.

(e) Any determination of the Board of Regents shall be without prejudice to the department or licensee in any subsequent formal disciplinary proceeding.

licenses which have been temporarily surrendered pursuant to Education Law section 6510-b or Public Health Law section 230(13).

(1) Materials submitted in response to the Committee on the Professions' recommendation to the Board of Regents shall be filed no later than 15 days following the postmarked date of the written notification of the decision or recommendation of the Committee on the Professions.

(2) If an applicant has failed to remain current with developments in the profession, and a substantial question is presented as to the applicant's current fitness to enter into the active practice of the profession, the Board of Regents may require that the applicant take and obtain satisfactory grades on a proficiency examination satisfactory to the department prior to the issuance of a license or limited permit.

24.8 The Committee on the Professions shall review and determine appeals from findings of unacceptable practice protocols involving nurse practitioners and collaborating physicians.

24.9 Reconsideration. An application for reconsideration of a determination made by the Committee on the Professions or by the Board of Regents following a Committee on the Professions recommendation may be accepted upon a showing that the original action was based on an error of law, or that there is new and material evidence which was not previously available, or that circumstances have changed subsequent to the original determination.

filing the notice of appeal. An answering brief may be filed by the opposing party with the Committee on the Professions within 20 days after the receipt by the opposing party of the brief submitted by the appellant. The Committee on the Professions may affirm, reverse or modify the determination of the panel and/or make such other determination as it may deem just and proper under the circumstances. The determination of the Committee on the Professions shall be final and copies thereof shall be forwarded to the applicant and to the executive director of the Office of Professional Discipline.

28.7 Reapplication. Whether or not the applicant appeals from the determination of the panel, the applicant may reapply for licensure to the director of the Division of Professional Licensing Services after the expiration of 18 months from the date of service of the report of the panel.

28.8 Proficiency examination. If the Committee on the Professions determines that the applicant otherwise meets the moral character requirements, but has failed to remain current with developments in the profession, and a substantial question is presented as to the applicant's current fitness to enter into the active practice of the profession, the Committee on the Professions may require that the applicant take and obtain satisfactory grades on a proficiency examination satisfactory to the department prior to the issuance of a license or limited permit.

(e) makes any claim relating to professional services or products or the cost or price therefor which cannot be substantiated by the licensee, who shall have the burden of proof;

(f) makes claims of professional superiority which cannot be substantiated by the licensee, who shall have the burden of proof;

(g) offers bonuses or inducements in any form other than a discount or reduction in an established fee or price for a professional service or product;

(ii) The following shall be deemed appropriate means of informing the public of the availability of professional services:

(a) informational advertising not contrary to the foregoing prohibitions; and

(b) the advertising in a newspaper, periodical or professional directory or on radio or television of fixed prices, or a stated range of prices, for specified routine professional services, provided that there is an additional charge for related services which are an integral part of the overall service being provided by the licensee and the advertisement shall so state, and provided further that the advertisement indicates the period of time for which the advertised prices shall be in effect;

(iii) (a) all licensees placing advertisements shall maintain, or cause to be maintained, an exact copy of each advertisement, transcript, or videotape thereof as appropriate for the medium used, for a period of one year after its last appearance. This copy shall be made available for inspection upon demand of the Education Department or in the case of physicians, physician's and specialist's assistants, the Department of Health;

(b) a licensee shall not compensate or give anything of value to representatives of the press, radio, television or other communications media in anticipation of or in return for professional publicity in a news item;

(iv) No demonstrations, dramatizations or other portrayals of professional practice shall be permitted in advertising on radio or television;

(13) failing to respond within 30 days to written communications from the Education Department or the Department of Health and to make available any relevant records with respect to an inquiry or complaint about the licensee's unprofessional conduct. The period of 30 days shall commence on the date when such communication was delivered personally to the licensee. If the communication is sent from either department by registered or certified mail, with return receipt requested, to the address appearing in the last registration the period of 30 days shall commence on the date of delivery to the licensee, as indicated by the return receipt.

(14) violating any term of probation or condition or limitation imposed on the licensee by the Board of Regents pursuant to Education Law section 6511.

GUIDELINES FOR EVALUATING APPLICANT'S EXPERIENCE

New York State Board for Speech-Language Pathology and Audiology

The supervisor is responsible for verifying to the State Board for Speech-Language Pathology and Audiology that the applicant has completed professional-level experience. Suggestions for consideration under each competency listed below are not intended to be all-inclusive or limited to those stated. Rather, they are intended as examples of professional behaviors to be accomplished by the applicant. Also, the suggestions for consideration are not intended to establish specific criteria, to restrict supervisor judgment, or to limit in any way the scope of professional practice.

(a.) Professional General

1. The applicant demonstrates ability to communicate effectively.

   Considerations:
   The applicant:

   (i) Communicates, as necessary, in an advocacy role for clients/patients.

   (ii) Interprets clinical data to clients/patients and care givers effectively.

   (iii) Participates in professional meetings and case conferences.

2. The applicant demonstrates understanding of human growth and development.

   Considerations:
   The applicant:

   (i) Demonstrates knowledge of developmental milestones.

   (ii) Differentiates between normal and abnormal aspects of physical, emotional, and social development.

   (iii) Understands the role of communication in social, emotional, intellectual, and educational processes.

3. The applicant demonstrates professional responsibility and conduct.

4. The applicant displays understanding of the roles and responsibilities of other professionals and the importance of interdisciplinary cooperation.

   Considerations:
   The applicant:

(ii) Is familiar with equipment used by other professions which may be relevant to diagnosis/assessment and treatment/rehabilitation.

Considerations in Audiology:
The applicant:

(i) Uses speech-language screening instruments, audiometric, aural acoustic immitance vestibulometric, hearing aid acoustic evaluation equipment, sound level measurement and audiometric calibration devices and other instruments which may be required for audiological diagnosis/assessment and/or treatment of hearing disorders.

(ii) Knows prevailing audiological instrumentation calibration standards and procedures as well as prevailing standards of ambient background sound levels in an audiometric test environment.

(iii) Reads and interprets manufacturing specifications for personal and group prosthetic amplification in light of prevailing standards.

(iv) Is familiar with commercially available materials used for the evaluation of auditory function.

4. The applicant plans, organizes, and implements an effective and efficient treatment/remediation program.

Considerations:
The applicant:

(i) Recognizes the interrelationship existing among aspects of the total program in his/her program planning.

(ii) Follows work environment procedures in scheduling.

(iii) Works cooperatively with others in planning.

(iv) Considers client/patient needs in planning and scheduling.

(v) Uses time efficiently and effectively.

(vi) Uses current professional knowledge in determining length, frequency, and types of sessions, and other planning decisions.

5. The applicant displays a fundamental knowledge of the principles underlying the treatment/remediation of communication disorders, uses appropriate methods and techniques in the provision of services, and maintains appropriate records.

(v) Demonstrates a knowledge of earmold acoustics, styles and materials.

(vi) Demonstrates earmold impression-taking skills.

(vii) Fits and adjusts prosthetic amplification.

(viii) Provides and interprets appropriate measures of listener performance with prosthetic amplification.

(ix) Plans and implements a program of orientation for the user of prosthetic devices.

(x) Recommends and implements auditory rehabilitation measures such as speechreading, auditory training, and other communication strategies as indicated.

(xi) Monitors client/patient progress and determines the need for service/repair of prosthetic amplification and takes appropriate action.

(xii) Provides remedial services.

(xiii) Provides or refers for support counseling for hearing impaired individuals and their families.

(xiv) Demonstrates ability to organize and implement a hearing conversation program consonant with existing federal and state regulations.

(xv) Provides or refers for educational evaluation to determine appropriate school placement for children with a hearing loss.

(xvi) Demonstrates knowledge of selection and fitting techniques for specialized prosthetic devices for management of unique auditory disorders.

(xvii) Demonstrates knowledge of selection and fitting techniques for personal hearing protection.

(xviii) Provides information about and prescribes assistive devices such as alarms, group listening devices, Fm systems, etc.

Area of Accreditation	City University of New York (CUNY)
SP/A	Brooklyn College Bedford Avenue & Avenue H Brooklyn, NY 11210 Tel. (718) 780-5186
SP/A	The City College Convent Avenue & 138th Street New York, NY 10031 Tel. (212) 690-5377
SP/A	Graduate School 33 West 42nd Street New York, NY 10036 Tel. (212) 642-2352
SP/A	Hunter College Communications Sciences Program School of Health Sciences 425 E. 25th Street New York, NY 10010 Tel. (212) 481-4464
SP/A	Herbert H. Lehman College Bedford Park Boulevard West Bronx, NY 10468 Tel. (212) 960-8134
SP/A	Queens College 65-30 Kissena Boulevard Flushing, NY 11367-0904 Tel. (718) 520-7538
	Colleges of Arts and Sciences
SP	SUC at Buffalo 1300 Elmwood Avenue Buffalo, NY 14222 Tel. (716) 878-5719
SP	SUC at Fredonia Fredonia, NY 14063 216-673-3203
SP/A	SUC at Geneseo Geneseo, NY 14454 Tel. (716) 245-5328

EDUCATIONAL STANDARDS BOARD (ESB)
ACCREDITED PROGRAMS

MARCH 30, 1990

The following list specifies those institutions of higher learning in which the master's degree program in speech-language pathology and/or audiology has been accredited by the Educational Standards Board (ESB) of the American Speech-Language-Hearing Association (ASHA). ESB accreditation is sought voluntarily by educational programs that offer master's degrees in speech-language pathology, and audiology, or both. The ESB accreditation program is recognized by the Council on Postsecondary Accreditation (COPA) and the U.S. Department of Education.

The area in which a program has been accredited by ESB is indicated by the letters SLP (speech-language pathology), A (audiology), or SLP/A (both) that appear to the left of each entry. ESB accreditation is awarded for a 5 year period. Programs seeking reaccreditation are reviewed by ESB on the fourth anniversary of their accreditation period. The date of the next regularly scheduled review is indicated for each program in brackets. A (IP) indicates the program is currently in the review process.

ESB accreditation offers a graduate the assurance that the academic and clinical practicum experience obtained in an accredited program meets nationally established standards. ESB accreditation means that a program has:

- engaged in extensive self-study often over a period of years;
- prepared and submitted a complex application often as much as one hundred pages long;
- undergone an on-site visit by a team of specially trained peers;
- received, and responded to, a digest of the report submitted by the site visitors;
- had their application, the site visit report, and their response thereto studied by ESB;
- undergone final evaluation and approval by ESB; and
- submitted annual reports during the period of their accreditation.

For information relative to a specific educational program, write to the director of the speech-language pathology and/or audiology program in care of the institution listed. Additional information about the profession can be obtained by writing to the American Speech-Language-Hearing Association, 10801 Rockville Pike, Rockville, Maryland 20852.

SLP/A CALIFORNIA STATE UNIVERSITY
LOS ANGELES (1991-SP; 1993-A)
Dept. of Communicative Disorders
5151 State University Drive
Los Angeles, CA 90032
213-224-2686

SLP/A CALIFORNIA STATE UNIVERSITY
NORTHRIDGE, (1990)
Dept. of Communicative Disorders
18111 Nordhoff Street
Northridge, CA 91330
818-885-2852

SLP/A CALIFORNIA STATE UNIVERSITY
SACRAMENTO, (IP)
Dept. of Speech Pathology
and Audiology
6000 J Street
Sacramento, CA 95819
916-278-6601

SLP/A SAN DIEGO UNIVERSITY
(IP)
Dept. of Communicative Disorders
San Diego, CA 92182
619-265-6774

SLP/A SAN FRANCISCO STATE
UNIVERSITY, (1992)
Communicative Disorders Program
1600 Holloway Avenue
San Francisco, CA 94132
415-338-1001

SLP/A SAN JOSE STATE UNIVERSITY
(1993)
Speech and Hearing Center
Washington Square
San Jose, CA 95192
408-277-2651

SLP/A UNIVERSITY OF CALIFORNIA
SANTA BARBARA, (IP)
Dept. of Speech and Hearing Sciences
Santa Barbara, CA 93106

SLP UNIVERSITY OF THE PACIFIC
(1993)
Dept. of Communicative Disorders
3601 Pacific Avenue
Stockton, CA 95211
209-946-2381

COLORADO

SLP/A UNIVERSITY OF COLORADO
(1990)
Dept. of Communication Disorders
and Speech Science
Campus Box 409
Boulder, CO 80309-0409
303-492-5208

SLP/A COLORADO STATE UNIVERSITY
(1991)
Dept. of Communication Disorders
Fort Collins, CO 80523
303-491-6981

SLP/A UNIV. OF NORTHERN COLORADO
(1992)
Dept. of Communication Disorders
Greeley, CO 80639
303-351-2734

CONNECTICUT

SLP SOUTHERN CONNECTICUT STATE
UNIVERSITY, (1993)
Dept. of Communication Disorders
501 Crescent Street
New Haven, CT 06515
203-397-4571

SLP/A UNIERSITY OF CONNECTICUT
(1993)
Dept. of Communication Sciences
U-85
Storrs, CT 06268
203-486-2817

DISTRICT OF COLUMBIA

SLP UNIVERSITY OF THE DISTRICT OF
COLUMBIA, (1990)
Dept. of Communication Sciences
916 G Street, NW
Washington, DC 20001
202-727-2318

SLP/A NORTHERN ILLINOIS UNIVERSITY
(1993)
Dept. of Communicative Disorders
DeKalb, IL 60115
815-753-1484

SLP SOUTHERN ILLINOIS UNIVERSITY, EDWARDSVILLE, (1994)
Dept. of Speech Pathology and Audiology
Box 1776
Edwardsville, IL 62026-1776
618-692-3662

SLP/A NORTHWESTERN UNIVERSITY
(1991)
Dept. of Communication Sciences and Disorders
2299 Sheridan Road
Evanston, IL 60201
312-491-3066

SLP/A WESTERN ILLNOIS UNIVERSITY
(1992)
Communication Arts and Sciences
Macomb, IL 61455
309-298-1955

SLP/A ILLINOIS STATE UNIVERSITY
(1992)
Dept. of Speech Pathology and Audiology
Fairchild Hall #204
Normal, IL 61761
309-438-8643

SLP GOVERNORS STATE UNIVERSITY
(1991)
Division of Communication Disorders
University Park, IL 60466
312-534-5000 X2370

INDIANA

SLP/A INDIANA UNIVERSITY
(1992)
Dept. of Speech and Hearing Sciences
Bloomington, IN 47405
812-335-4156

SLP/A BALL STATE UNIVERSITY
(1992)
Dept. of Speech Pathology and Audiology
2000 University Avenue
Muncie, IN 47306
317-285-8162

SLP INDIANA STATE UNIVERSITY
(1992)
Dept. of Communication Disorders
8th and Sycamore Streets
Terre Haute, IN 47809
812-237-2804

SLP/A PURDUE UNIVERSITY
(1991)
Dept. of Audiology and Speech Sciences
West Lafayette, IN 47907
317-494-3785

IOWA

SLP/A UNIVERSITY OF NORTHERN IOWA
(1992)
Dept. of Communicative Disorders
Cedar Falls, IA 50614
319-273-2496

SLP/A UNIVERSITY OF IOWA
(1993)
Dept. of Speech Pathology and Audiology
Iowa City, IA 52242
319-335-8718

KANSAS

SLP FORT HAYS STATE UNIVERSITY
(1990)
Area of Communication Disorders
600 Park Street
Hays, KS 67601
913-628-5366

SLP/A UNIVERSITY OF KANSAS
(1991)
Intercampus Program
Dept. of Speech-Language-Hearing Sciences and Disorders
290 Haworth Hall
Lawrence, KS 66045
913-864-4690

SLP KANSAS STATE UNIVERSITY
(1993-SLP; 1994-A)
Dept. of Speech
Leasure Hall
Manhattan, KS 66506
913-532-6879

SLP BOSTON UNIVERSITY
(1990)
36 Cummington Street
Boston, MA 02215
617-353-3252

SLP WORCESTER STATE COLLEGE
(IP)
486 Chandler Street
Worcester, MA 01602-2597
617-793-8055

MICHIGAN

A WAYNE STATE UNVIERSITY SCHOOL OF MEDICINE
(1992)
Dept. of Audiology
540 East Canfield
Detroit, MI 48201
313-577-1393

SLP WAYNE STATE UNIVERSITY
(1992)
Communication Disorders and Sciences
555 Manoogian Hall
Detroit, MI 48202
313-577-3337

SLP/A MICHIGAN STATE UNIVERSITY
(IP)
Dept. of Audiology and Speech Sciences
378 Communication Arts and Sciences Building
East Lansing, MI 48824-1212
517-353-8788

SLP/A WESTERN MICHIGAN UNIVERSITY
(1991)
Dept. of Speech Pathology and Audiology
Kalamazoo, MI 49008
616-383-0963

SLP NORTHERN MICHIGAN UNIVERSITY
(1992)
Dept. of Communication Disorders
Marquette, MI 49855-5337
906-227-2125

SLP/A CENTRAL MICHIGAN UNIVERSITY
(1993)
Communication Disorders
Mt. Pleasant, MI 48859
517-744-3472

SLP EASTERN MICHIGAN UNIVERSITY
(1992)
Speech Pathology Program
Ypsilanti, MI 48197
313-487-4413

MINNESOTA

SLP UNIVERSITY OF MINNESOTA AT DULUTH
(1993)
Dept. of Communicative Disorders
2400 Oakland Avenue
Duluth, MN 55812
218-726-7974

SLP/A UNIVERSITY OF MINNESOTA
(IP)
Dept. of Communication Disorders
115 Shevlin Hall
164 Pillsbury Drive, SE
Minneapolis, MN 55455
612-624-3322

SLP ST. CLOUD STATE UNIVERSITY
(1992)
Dept. of Communication Disorders
St. Cloud, MN 56301
612-255-2092

MISSISSIPPI

SLP/A UNIV. OF SOUTHERN MISSISSIPPI
(1991)
Dept. of Speech and Hearing Sciences
Post Office Box 5092, Southern Station
Hattiesburg, MS 39406-5092
601-266-5216

SLP/A UNIVERSITY OF MISSISSIPPI
(IP)
Dept. of Communicative Disorders
University, MS 38677
601-232-7271

MISSOURI

SLP SOUTHEAST MISSOURI STATE UNIVERSITY
(IP)
Dept. of Communication Disorders
Cape Girardeau, MO 63701
314-651-2155

SLP WILLIAM PATTERSON COLLEGE
(1991)
Dept. of Communication Disorders
300 Pompton Road
Wayne, NJ 07470
201-595-2208

NEW MEXICO

SLP/A UNIVERSITY OF NEW MEXICO
(IP)
Dept. of Communicative Disorders
901 Vassar, NE
Albuquerque, NM 87131
505-277-2918

SLP NEW MEXICO STATE UNIVERSITY
(1992)
Communication Disorders
Box 3001-3 SLPE
Las Cruces, NM 88003
505-646-2402

NEW YORK

SLP LEHMAN COLLEGE OF CUNY
(1990)
Speech and Hearing Sciences Program
Bedford Park Boulevard West
Bronx, NY 10468
212-960-8138

SLP STATE UNIVESITY COLLEGE AT BUFFALO
(1993)
Communication Disorders Program
1300 Elmwood Avenue
Buffalo, NY 14222
716-878-5719

SLP/A BROOKLYN COLLEGE, CUNY
(IP)
Speech and Hearing Center
Bedford Avenue and Avenue H
Brooklyn, NY 11210
718-780-5186

SLP/A STATE UNIVERSITY OF NEW YORK AT BUFFALO
(1992)
Dept. of Communicative Disorders and Sciences
109 Park Hall
Buffalo, NY 14260
716-636-3400

SLP/A QUEENS COLLEGE OF CUNY
(IP)
Communication Sciences and Disorders
65-30 Kissena Boulevard
Flushing, NY 11367
718-670-4222

SLP ADELPHI UNIVERSITY
(1992)
Dept. of Speech Arts and Communicative Disorders
South Avenue
Garden City, NY 11530
516-294-8700 X7430

SLP/A SUNY COLLEGE OF ARTS AND SCIENCE
(1992)
Dept. of Speech Pathology and Audiology
218 Sturges Hall
Geneseo, NY 14454
716-245-5328

SLP/A HOFSTRA UNIVERSITY
(1991)
Dept. of Speech Arts and Sciences
Room 108 Roosevelt Hall
Hempstead, NY 11550
516-560-5508

SLP/A ITHACA COLLEGE
(1994)
Dept. of Speech Pathology and Audiology
Ithaca, NY 14850
607-274-3248

SLP HUNTER COLLEGE OF CUNY
(IP)
Communication Sciences Program
425 E. 25th Street
New York, NY 10010
212-481-4464

SLP NEW YORK UNIVERSITY
(1992)
Speech Pathology and Audiology
Dept. of Communication Arts and Sciences
50 W. 4th Street
New York, NY 10003
212-998-5265

SLP/A OHIO STATE UNIVERSITY
(IP)
Speech and Hearing Science
154 N. Oval Mall
Columbus, OH 43210-1372
614-292-8207

SLP/A KENT STATE UNIVERSITY
(IP)
School of Speech Pathology and Audiology
A104 Music and Speech Center
Kent, OH 44242
216-672-2672

SLP MIAMI UNIVERSITY
(1992)
Speech Pathology and Audiology
Oxford, OH 45056
513-529-2500

OKLAHOMA

SLP/A UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER
(1992)
Dept. of Communication Disorders
825 NE 14th, Post Office Box 26901
Oklahoma City, OK 73190
405-271-4214

SLP OKLAHOMA STATE UNIVERSITY
(1992)
Speech and Language Pathology and Audiology
120 Hanner Hall
Stillwater, OK 74078
405-624-6020

SLP UNIVERSITY OF TULSA
(1991)
Dept. of Communicative Disorders and Sciences
600 South College Avenue
Tulsa, OK 74104
918-592-6000 X2504

OREGON

SLP/A PORTLAND STATE UNIVERSITY
(1993)
Speech and Hearing Sciences Program
Box 751
Portland, OR 97207-0751
503-229-3533

PENNSYLVANIA

SLP/A TEMPLE UNIVERSITY
(1992)
Division of Speech-Language-Hearing Sciences
Dept. of Speech
Philadelphia, PA 19122
215-787-8537

SLP/A UNIVERSITY OF PITTSBURGH
(1993)
Division of Speech Pathology and Audiology
Cathedral of Learning
5th Avenue & Bigelow Boulevard
Pittsburgh, PA 15260
412-624-6103

SLP/A PENNSYLVANIA STATE UNIVERSITY
(1992)
Communication Disorders Program
110 Moore Building
University Park, PA 16802
814-863-2010

PUERTO RICO

SLP UNIVERSITY OF PUERTO RICO
(1990)
Dept. of Communicology Disorders
Medical Sciences Campus
GPO 5067
San Juan, PR 00936
809-764-6035

RHODE ISLAND

SLP/A UNIVERSITY OF RHODE ISLAND
(1990)
Dept. of Communicative Disorders
Kingston, RI 02881
401-792-4742

SOUTH CAROLINA

SLP/A UNIVERSITY OF SOUTH CAROLINA
(1992)
Dept. of Communicative Disorders
Columbia, SC 29208
803-777-4813

SLP SOUTHWEST TEXAS STATE UNIV.
(1993)
Speech, Hearing and Language Clinic
Communication Disorders Program
San Marcos, TX 78666
512-245-2330

UTAH

SLP/A UTAH STATE UNIVERSITY
(1991)
Dept. of Communicative Disorders
Logan, UT 84322-1000
801-750-1375

SLP/A BRIGHAM YOUNG UNIVERSITY
(1991)
Communication Sciences and Disorders
136 John Taylor Building
Provo, UT 84602
801-378-5056

SLP/A UNIVERSITY OF UTAH
(IP)
Department of Communication Disorders
1201 Behavioral Science Building
Salt Lake City, UT 84112
801-581-6725

VERMONT

SLP UNIVERSITY OF VERMONT
(1991)
Dept. of Communication Science
and Disorders
Allen House
Burlington, VT 05405
802-656-3861

VIRGINIA

SLP/A UNIVERSITY OF VIRGINIA
(IP)
Dept. of Speech Pathology and
Audiology
132 Emmet Street
Post Office Box 9022
Charlottesville, VA 22906-9022
804-924-7107

SLP HAMPTON UNIVERSITY
(1990)
Dept. of Communication Disorders
Hampton, VA 23668
804-727-5435

SLP/A JAMES MADISON UNIVERSITY
(1993)
Dept. of Speech Pathology and Audiology
Harrisonbug, VA 22807
703-568-6630

SLP OLD DOMINION UNIVERSITY
(1993)
Speech Pathology and Audiology
Child Study Center
Norfolk, VA 23529-0136
804-440-4117

SLP/A RADFORD UNIVERSITY
(1991)
Dept. of Communication Sciences
and Disorders
Radford, VA 24142
703-831-5453

WASHINGTON

SLP/A WESTERN WASHINGTON
UNIVERSITY
(1994)
Dept. of Speech Pathology and Audiology
Bellingham, WA 98225
206-676-3199

SLP WASHINGTON STATE UNIVERSITY
(IP)
Communication Disorders Program
Department of Speech, 218 Daggy Hall
Pullman, WA 99164-2420
509-355-4525

SLP/A UNIVERSITY OF WASHINGTON
(IP)
Dept. of Speech and Hearing Sciences
Seattle, WA 98195
206-543-7974

THE NEW YORK STATE EDUCATION DEPARTMENT
Division of Professional Licensing Services
Cultural Education Center
Albany, N.Y. 12230

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3-020187
PLS-HB-57/58
November 1990
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This is a list of all the liaison and officer positions, for the upcoming election of officers.

Chair (currently Dr. Johnson)

Vice-Chair (currently Dr. Rahe)

Budget (currently Dr. Johnson)

Application – (currently Dr. Johnson and Dr. Rahe)

Continuing Education – (currently Dr. Guerreiro)

Laws and Rules – (currently vacant)(Dr. Rahe for specific circumstances)

Unlicensed Activity – (currently Dr. Rahe & Dr. Johnson)

Healthy Weight – (currently Ms. Rutland)

Board of Speech-Language, Pathology & Audiology 2022 Proposed Meeting Dates

January 22, 2022	Kissimmee, Orlando, Altamonte Springs
April 8, 2022	Jacksonville, Daytona Beach, Melbourne
July 22, 2022	Boynton Beach, Deerfield Beach, Orlando
October 21, 2022	Tampa, St. Petersburg, Sarasota