



National Association
of Attorneys General

MEDICAID FRAUD REPORT

April 2006

INSIDE

Nevada Home Health Care Company Convicted	1
Cases	3

Nevada Home Health Care Company Convicted

Attorney General George J. Chanos announced on April 4 that Forest Dale Vancil, Sr., Margaret A. Vancil, Deborah Way (their daughter); Tammi Kay Briley (their granddaughter); and Edwin Advincula, no relation, have been convicted of crimes related to Medicaid Fraud.

MFCU Director Tim Terry said the investigation began in 2003 after a complaint was received concerning Mr. Vancil's home health care company, Southern Nevada Personal Care, Inc. The complaint alleged that Southern Nevada Personal Care had submitted claims for reimbursement from Medicaid for home health care services that were not provided. At that time, Forest Vancil Sr. was the President and a general manager of the corporation. Mrs. Vancil was the corporate Secretary and Deborah Way was a manager-employee.

Discord developed within the business and family. Forest and Margaret Vancil were divorcing and Deborah Way was named in a civil action brought by the company. During December 2003 the MFCU executed search warrants on the company and at the Vancil residence. As the investigation continued, Margaret Vancil started a second home healthcare company, A Guardian Angel. Edwin Advincula was a partial owner and manager of A Guardian Angel. Deborah Way became a manager and consultant to her mother's company. Deborah Way and her daughter, Tammi Briley, opened up a 3rd home health care company, Angels-R-Us. These two new companies soon came under investigation for their own billing improprieties.

Multiple allegations about the family's business operations surfaced, including the falsification of employee backgrounds and qualifications. As new allegations were being analyzed the original investigation showed Southern Nevada Personal Care had a large volume of Medicaid recipients as clients. Many of those clients also spent intermittent time periods in hospital settings

yet the company generated bills alleging that home based services were provided. The investigation looked at the business records and client files of the company dating back to 2001.

The company listed their clients' personal identifying information on the bills. This information was compared to numerous hospital admittance and discharge records. For the time period of December 2001 through August 2003 there were multiple instances when the dates of a patient's hospital stay overlapped the dates of the company's home health care claims. In other instances investigators could not find information to verify the company's claims. This resulted in the company being charged for misusing their client's personal information while Mr. Vancil, Sr. was individually charged for failure to keep records that could verify the claims.

The investigation of A Guardian Angel showed that as early as May 2004, the company was compiling claims for reimbursement before the dates of service actually occurred (i.e. generating pre-bills). The company failed to reconcile its pre-bills with the true service provided records. Therefore the company submitted the pre-bills, obtained more money than it should have and failed to refund the overages that accrued.

The Angels-R-Us investigation was paralleling the A Guardian Angel "pre-billing" investigation.

Due to the relationship of the targets and the companies' practice of exchanging employees, the MFCU needed to minimize the amount of information that could be leaked back to the family. During interviews, an employee of Angels-R-Us claimed that on two separate occasions, Deborah Way threatened to harm her and her family if she cooperated with the MFCU. That employee said Deborah Way supplied her with a tape recorder, instructed her to surreptitiously tape her interview with the MFCU and to later play the tape for Deborah Way. This would allow Deborah Way to hear for herself if the witness was cooperating. Investigators discovered the recording device, recovered the tape and learned more about Deborah Ways' management improprieties.

Nevada Medicaid's rate of reimbursement for home care services was \$17 per hour. The losses from the two "pre-billing" schemes were estimated at \$38,400. The losses from Southern Nevada Personal Care Inc.'s billing for home care services when clients were in a hospital setting was estimated at \$26,300. The losses from other billing improprieties at Southern Nevada Personal Care, Inc. were estimated at \$63,200.

On November 15, 2005, Edwin Advincula entered a plea and was rendered guilty of misdemeanor Medicaid Fraud-Submitting False Claims. Las Vegas Township Justice of the Peace Joseph Bonaventure, Jr. ordered Advincula to pay \$18,593.75 in restitution and penalties. Advincula originally claimed that in regard to his billing practices, he was only following the instructions of Deborah Way.

On January 26, Margaret Vancil pleaded guilty to Acting Without Lawful Authority, a misdemeanor. She paid \$5,000 in restitution. Her case was heard by Las Vegas Township Justice

of the Peace Ann E. Zimmerman. She originally claimed she was a hands-off or absentee business owner. She later admitted to other co-workers that she was aware of the pre-billing scheme and took no action to stop it.

On February 9, Tammi K. Briley appeared before Las Vegas Township Justice of the Peace Tony L. Abbatangelo and pleaded guilty to a misdemeanor offense of Medicaid Fraud-Submitting False Claims. She was ordered to serve 40 hours of community service and to pay \$10,000 in restitution and penalties.

On March 2, Forest Dale Vancil, Sr. pleaded guilty to the gross misdemeanor offense of Medicaid Fraud-Failure to Maintain Records that would support a claim. Southern Nevada Personal Care, Inc. pleaded guilty to a felony charge of Attempting to Obtain and Use the Personal Identifying Information of Another. These cases were heard by Clark County District Court Judge Jackie Glass. Mr. Vancil was sentenced to time already served and the company, of which he was now the sole officer, paid \$160,000 in restitution and penalties.

On April 4, Deborah A. Way entered a plea and was adjudicated guilty of a felony, Intimidating a Witness. In addition to serving a day in jail and payment of \$25,000 as restitution and penalties, Clark County District Court Judge Joseph Bonaventure ordered her to pay an additional \$5,000 fine; to be placed on probation for two years; to perform 16 hours of community service per month; to serve 6 months of house arrest; to refrain from contacts with the victim and refrain from employment in the health care field; and inform all potential employers of this conviction.

Additionally, three home care service workers employed by these companies have been convicted of Medicaid fraud related crimes; three more home care service workers are presently charged and awaiting court dates; and another three are under investigation.

For further information contact Mr. Terry (775) 684-1185.

CASES

Counselors: Texas

Attorney General Gregg Abbott announced that on April 13, Matilda Boozer, a licensed professional counselor, pleaded guilty in Castro County to Theft over \$500. She received six months of probation and was fined \$1,000. She was also ordered to pay restitution in the amount of \$7,693.22. Boozer billed Medicaid for counseling patients who do not speak English, despite the fact that she is not bilingual. She also billed for other services that she admitted during interview that she did not deliver, claiming that these false claims were merely "billing errors."

* * * *

Attorney General Abbott announced that on April 25, a grand jury indicted Deborah Beresky in the Delta Area Chemical Dependency Counseling Center investigation. Beresky was indicted for one count of First Degree felony theft. It is alleged that between 2002 to 2005, Beresky was paid \$1,947,769.47 by Medicaid for services that were not provided.

For further information on both cases contact Chief Investigator Jim Fossum (512) 371-4732.

Dentists: New York

Attorney General Eliot Spitzer announced on April 11 that a grand jury has charged a dentist with stealing more than \$1 million from the Medicaid program. The indictment unsealed in Kings County Supreme Court alleged that Leonard Morse fraudulently billed Medicaid for new dentures that he never delivered and for denture repairs that he never performed.

According to prosecutors, these billings – which included claims for repairing broken or missing teeth, broken clasps and for denture relinings – were often submitted for services provided to Medicaid patients who did not even wear dentures.

The indictment alleged that Morse submitted his false claims to Medicaid through 580 Dental P.C., a company located in Brooklyn of which he was the proprietor, and that Medicaid paid over \$1 million on the basis of those claims.

Morse, was charged with one count of Grand Larceny in the first degree, a class "B" felony, carrying a maximum sentence of 25 years and 11 Counts of Offering a False Instrument for Filing in the First Degree, a Class "E" felony.

For further information contact Special Assistant Attorney General John Fusto (212) 417-5390.

Dentists: South Carolina

Attorney General Henry McMaster announced that Jack L. Kilgore, Jr., a dentist, was convicted on April 28 of one count of Filing False Claims.

On or about November 6, 2001, Dr. Kilgore caused a false claim for reimbursement to be filed with the South Carolina Medicaid Program. Services for which the claim was filed had not been provided to a Medicaid recipient.

Dr. Kilgore was sentenced by the Honorable L. Casey Manning to three years and \$1,000, suspended upon five years of probation, payment of court costs, and restitution of \$40,000. to the state Department of Health and Human Services.

For further information contact Assistant Deputy Attorney General, Charles W. Gambrell, Jr., Assistant Attorney General Scott Beck or Chief Investigator Harry Bracy (803) 734-3660.

Denturists: Washington State

Attorney General Rob McKenna announced on April 11 that Theodore Anderson pleaded guilty of one count First Degree Theft and four counts of Second Degree Theft. He received 45 days incarceration, 12 months community supervision, and was ordered to pay a fine and court costs of \$710, and restitution of \$13,337.13.

Investigator Jeffrey Oehlich conducted the investigation for the Washington State MFCU. During the course of his investigation he determined that Anderson billed the state for several months claiming to be providing hearing aids to needy Medicaid recipients, when in fact he did not. Anderson was paid \$13,337.13 which he was not entitled to receive.

For further information contact Assistant Attorney General Tony Rugel (253) 593-2154.

Durable Medical Equipment: Texas

Attorney General Abbott announced on April 18 that a federal grand jury indicted Anthony Etim with Health Care Fraud, Conspiracy, Wire Fraud, and Money Laundering. Anthony Etim is the owner of Makey Medical Sales and Supply. He billed Medicaid for motorized wheelchairs. It is alleged that Etim paid \$500-\$1,000 to recruiters for each wheelchair that was sold. Purportedly, Etim then billed Medicare for motorized wheelchairs and wheelchair accessories, when in fact he provided scooters to the recipients. Allegedly, he also billed for enteral feeding supplies which were not provided to recipients.

He obtained a Medicaid provider number in August 2005, after he was placed on vendor hold by Medicare in 2003, a fact that he did not disclose in his June 2005 Medicaid application. Between June 2000 through December 2002, Etim billed Medicare \$1.5 million and was paid \$1,030,000. The case is being prosecuted by the U.S. Attorney's Office in Houston, Texas.

For further information contact Chief Investigator Jim Fossum (512) 371-4732.

Durable Medical Equipment: South Carolina

Attorney General McMaster announced that Mary Woods McFarlin, owner and operator of Jim's Quality Care Medical, was convicted on April 28 of two counts of Filing False Claims.

McFarlin was sentenced by the Honorable L. Casey Manning to three years and \$1,000 on each count suspended upon five years of probation, payment of court costs and restitution to the South Carolina Department of Health and Human Services in the amount of \$10,000.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Assistant Attorney General Scott Beck, or Special Investigator Kyle Mitchum (803) 734-3660.

Durable Medical Equipment: Texas

Attorney General Abbott announced that on April 4 that a federal grand jury indicted Gloria Okwuwanne and Arthur Rapor (aka Peter Ukono), owners of All Medical Supply. The indictment is based on allegations that Okwuwanne and Rapor were involved in a fraud scheme that involves busing clients from the North East Texas area to Houston in order to obtain fraudulent certificates of medical necessity for electric wheel chairs. This case is a crossover case with Medicaid and Medicare being jointly billed for the services. The indictment charged them with Conspiracy to commit Health Care Fraud, Health Care Fraud, and Money Laundering.

* * * *

Attorney General Abbott announced on April 26 that a federal judge sentenced Roxanne Celaya Guillen to 30 months incarceration followed by two years of supervised release. Guillen was also ordered to pay restitution of \$226,622.27 to Medicare and \$25,977.64 to Medicaid, and a \$100 special assessment. On August 8, 2005, Guillen pleaded guilty to one count of Health Care Fraud. Roxanne and her husband, Jason Guillen operated New Beginnings DME from December 2001 to July 2004, during which time they billed Medicare and Medicaid for over 60 power wheelchairs and accessories they failed to deliver. Jason Guillen, who was previously found guilty on six counts of Health Care Fraud, was sentenced on March 27 to 33 months incarceration and three years of supervised release. This case was worked jointly with HHS-OIG. The case was prosecuted by the U.S. Attorney's office in San Antonio, Texas.

* * * *

Attorney General Abbott announced on April 24 that a grand jury indicted Ntiense Ekoh Johnson for First Degree Felony Aggregate Theft by a Government Contractor. Johnson was doing business as Cone Healthcare Corporation in Sugar Land. The indictment is based on allegations that Johnson knowingly billed for incontinence supplies that were not delivered to Medicaid recipients. Cone Healthcare Corporation was paid over \$470,000 from January 2005 through November 2005 and it is alleged that over \$252,000 was paid for incontinence supplies that were not provided to recipients. The case is being prosecuted by the Harris County District Attorney's Office.

For further information on these cases contact Chief Investigator Jim Fossum (512) 371-4732.

Home Health Care Aides: Arizona

Attorney General Terry Goddard announced the sentencing of April Harris of Phoenix on April 12, who pleaded guilty to Count 4, Theft, a class 6 felony and was sentenced to two years of probation, three months county jail time and ordered to pay restitution of \$285 to the victim.

Harris entered a plea agreement with the State of Arizona on March 8 wherein she pleaded guilty to Count four, Theft, a class six felony. Harris was indicted on one count of Fraudulent Schemes & Artifices, two counts of Theft, and one count of Taking Identity of Another Person.

Between December 2003 and July 2004, Harris, billed a Home and Community Based Service (HCBS) provider for hours she had not provided service, forged the AHCCCS member's signature and had taken money for services that were not legitimately earned. In addition, she used a patient's name without permission to open a cellular phone account and obtained \$95 per month from the patient for the sole purpose of paying patient's bills, but failed to pay the patient's bills and converted it for her own use.

For further information contact Assistant Attorney Steven Duplissis (602) 542-3881.

Home Health Care Aides: Ohio

Attorney General Jim Petro announced on September 20, 2005 that Charro Maldonado was indicted on one count of Medicaid Fraud, a felony of the fourth degree. On April 19, Maldonado pleaded guilty to one count of Medicaid Fraud, a felony of the fifth degree and was sentenced to three years community control and ordered to pay restitution in the amount of \$10,000.

Maldonado was a home health aide who continued to bill Medicaid after she stopped caring for a child recipient. According to the child's mother, Maldonado last worked for the child in September 2003. However, billings revealed that Maldonado continued billing Medicaid as though she was still working for the child until May 2005.

For further information contact Assistant Attorney General Jordan Finegold (614) 466-0722.

Home Health Care Aides: South Carolina

Attorney General McMaster announced that Karen Craven was convicted on April 28, of one count of Filing False Claims. On or about March 31, 2003, Craven, who worked as an independent Service Coordinator with the Greenville County Department of Disabilities and Special Needs Board, caused a false claim to be filed with the South Carolina Medicaid Program which claim was false as to a material fact in that the services for which the claim was filed had not been provided to a Medicaid recipient.

Craven was sentenced to three years and a fine of \$1,000, suspended upon the payment of a fine of \$250 plus costs and assessments. She was given 60 days to pay all court costs. Also, pursuant to a Plea Agreement, restitution in the amount of \$53,922.75 was paid to the Greenville County Department of Disabilities and Special Needs Board.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Assistant Attorney General Teresa Shealy or Special Investigator Lucy Robinson (803) 734-3660.

* * * *

Attorney General McMaster announced that Lula G. Dennis was convicted on April 28, of one count of Filing False Claims in Richland County, South Carolina. On or about October 21, 2005, Dennis, who worked as a Personal Care Aide, caused a false claim to be filed with the South Carolina Medicaid Program which claim was false as to a material fact in that the services for which the claim was filed had not been provided to a Medicaid recipient.

Dennis was sentenced by the Honorable L. Casey Manning to three years and a fine of \$1,000, suspended to two years of probation. Dennis is required to pay the balance of her restitution (\$836.00) during the two years of probation. Probation will end upon the payment of the \$836.00.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Assistant Attorney General Scott Beck, or Special Investigator Kyle Mitchum (803) 734-3660.

Home Health Care Aides: Texas

Attorney General Abbott announced on April 7 that a grand jury indicted Connie S. Persley and Stephanie Diouf. Persley is the owner of NISSI Health Services, a provider for the Texas Department of Aging and Disabilities Services (DADS), Medically Dependent Children's Program. This program provides home health services to support families caring for children who are medically dependent and encourages moving children from nursing facilities back into their communities.

NISSI Health Services allegedly billed for hours worked that were not provided. Medicaid paid NISSI over \$100,000 from November 2001 through November 2004. The company's administrative assistant, Stephanie Diouf, who is the owner's daughter, gave a voluntary statement admitting to over-billing Medicaid for hours provided that totaled over \$10,000. Persley has also previously given a voluntary statement admitting that she was aware of the over-billing. The investigation has revealed a total of \$17,000 in over-billing to Medicaid. The case is being prosecuted by the Harris County District Attorney's Office.

For further information contact Chief Investigator Jim Fossum (512) 371-4732.

Medical Transportation: Wisconsin

Attorney General Peg Lautenschlager announced on April 18 that Sharon L. Jerdee was found guilty by a Barron County jury on April 13, of four felony counts of forgery-uttering and two felony counts of Medicaid fraud. The charges relate to Jerdee's business, Ambu-Lift Transports, Inc. Ambu-Lift Transports was a company that provided transportation to persons covered under the Medicaid Program. After the trial, the corporation was convicted of four felony counts of forgery-uttering and three felony counts of medical assistance fraud by default judgment.

According to the Department of Justice's criminal complaint, Jerdee was owner of Ambu-Lift Transports, Inc. in July 2004. At that time, Jerdee altered three State Patrol inspection reports and submitted them to the Department of Health and Family Services as genuine to show that the corporation's vehicles had been inspected by the State Patrol when it had not. Further, Jerdee forged information on a cancelled insurance policy to make it appear as if there was coverage when there was none on her Medicaid vehicles. The insurance policy had been cancelled because Jerdee failed to pay any insurance premiums since June 2003, despite having been paid over \$500,000 in Medicaid funds during that time span.

Jerdee submitted billing claims to the Medicaid program for services provided in uncertified vehicles, constituting fraud. Jerdee also submitted billing claims for services provided without a valid physician's authorization form, constituting fraud. In fact, Jerdee submitted a forged physician's authorization form to the State Department of Health and Family Services during an audit of her business as proof of having the appropriate authorization when there was none.

For further information contact Assistant Attorney General Eric Défort (608) 266-8514.

Nurses: Arizona

Attorney General Goddard announced the sentencing of Collette Bigler on April 10. After entering a plea agreement with the State of Arizona on March 7 the defendant pleaded guilty to count five, forgery, a class 4 felony. The defendant was sentenced to four years of probation and ordered to pay \$98,624.73 in restitution to three facilities, which were AHCCCS funded providers. Also, the court ordered the defendant to be incarcerated in the county jail for 15. Bigler represented herself as an registered nurse at these facilities. She does not have a nursing degree.

For further information contact Assistant Attorney Steven Duplissis (602) 542-3881.

Nursing Homes: Michigan

Attorney General Mike Cox announced April 20 that he has charged Alberta Davis, a former admissions director at Luther Haven Nursing Center, with stealing the identity of a nursing home resident to obtain a cellular phone account in the resident's name.

Davis served as admissions director at Luther Haven Nursing Center from October 2001 to September 2005. As the admissions director, Davis had access to all Luther Haven residents' personal identification information, including date of birth and Social Security number.

On June 21, 2002, a cellular telephone account was opened in the name of an elderly female Luther Haven resident using her Social Security number and date of birth. After an anonymous tip, investigators determined that the address used for the cellular account was Davis' residence and that the account had been used to call Davis' family in Michigan and out of state. No payments were made on the cellular account, and service was terminated after five statements were sent to Davis' address.

For further information contact Assistant Attorney General Mark Matus (517) 241-6500 or Special Agent James Wood (517) 241-6525.

* * * *

Attorney General Cox announced February 22 that he has filed charges against six individuals, including a licensed practical nurse, for falsifying their criminal backgrounds in an attempt to gain employment at three Michigan nursing homes.

A felony charge of uttering and publishing, which carries up to 14 years in prison, was filed in the 36th Judicial District Court in Wayne County against Earlletta Johnson, L.P.N. The complaint alleged that Johnson applied for employment at Northwest Continuing Care Center in Detroit on December 31, 2003, and presented a Michigan State Police Criminal Record Response document which indicated that Johnson had no previous criminal history, when she knew that the document was false. The felony complaint filed follows two previous charges filed by Attorney General Cox alleging false employment documentation by Johnson.

Attorney General Cox charged Johnson on September 30, 2005, for providing false information on an employment application for St. Michael Nursing Center on January 7, 2003. In an additional filing on November 17, 2005, Cox again charged Johnson with signing a fraudulent employment statement at St. Michael on August 16, 2005. Cox noted that Johnson applied and worked at St. Michael, then worked at Northwest, and subsequently reapplied at St. Michael.

The basis of the allegations is Johnson's conviction on August 5, 1999 for felony welfare fraud in the 3rd Judicial Circuit Court in Wayne County and an April 20, 2005 misdemeanor aggravated assault conviction in the 6th Judicial Circuit Court in Oakland County.

Attorney General Cox also filed misdemeanor charges against five other individuals who knowingly falsified their employment applications at facilities located in Wayne and Kalamazoo Counties, a crime which carries 90 days in jail and/or \$500 in fines. The defendants all signed applications for employment at licensed nursing facilities denying that they had prior criminal convictions. Attorney General Cox noted that the statute, which was in effect since May 10, 2002,

denies employment to anyone convicted of a felony within the previous 15 year period and for 10 years if convicted of a qualifying misdemeanor.

Rena Tanae Burgess, who did not report that on July 7, 1999, she was convicted in Oakland County Circuit Court on two counts of felony embezzlement over \$100 and was sentenced to 18 months of probation and was later convicted of probation violation. Burgess served one year in the Oakland County Jail until her release on April 19, 2005. Burgess applied on May 19, 2005, for a position as a Certified Nursing Assistant (C.N.A.) at Fairlane Nursing Centre in Detroit.

Kelly Denise Fugate, who did not report that on September 17, 2001, was convicted of felony Welfare Fraud in Wayne County Circuit Court. Fugate applied on December 15, 2004, for a position as a C.N.A. at Fairlane Nursing Centre.

Angeline Marie Green, who did not report that on November 8, 2002, was convicted of felony possession of a fraudulent financial transaction device (credit card) in Oakland County Circuit Court. Green applied on May 15, 2005, for a position as a C.N.A. at Fairlane Nursing Centre

In Kalamazoo County, misdemeanor charges were filed in the 8th Judicial District Court in Kalamazoo against:

Candi Taylor, who was convicted by guilty plea on a misdemeanor charge of assault/assault and battery on June 18, 2002, in the 8th Judicial District Central Court in Kalamazoo. Taylor applied on February 23, 2005, for a position as a C.N.A. at Metron Nursing Home in Kalamazoo;

Scott Keith Gillespie, who did not report that on August 27, 1997, he was convicted by guilty plea on a felony O.U.I.L. in the 9th Judicial Circuit Court in Kalamazoo. Gillespie applied on January 25, 2005, for a position as a maintenance worker at Metron Nursing Home in Kalamazoo;

As a result of the Health Care Fraud Division discovery that 25% of residential care facility employees committing crimes against residents since 2002 had past criminal convictions, the Attorney General commissioned a statewide study.

The study, issued in May of 2005, found that of the more than 5,500 C.N.A.'s studied, 9% had a total of 836 outstanding criminal warrants and 3%, or 170 had past criminal convictions. These results were confirmed when the backgrounds of entire employee populations at four nursing homes across Michigan revealed 58 of 618 employees, or more than 9%, had 101 outstanding warrants, and that 68, or 11%, of the staffs had past criminal convictions.

The study resulted in legislation to enhance laws regarding criminal background checks for prospective residential care facility employees.

For further information contact Assistant Attorney General George N. Stevenson (517) 241-6500 or Special Agents Lynne Barron, Rebecca Treber or Dena Smith (517) 241-6525.

Patient Abuse: Louisiana

Attorney General Charles C. Foti, Jr., announced on April 5 that the Medicaid Fraud Control Unit (MFCU) has recently arrested three individuals, in separate cases, regarding alleged patient abuse.

On March 29, MFCU special agents arrested Rachelle Edwards, on one count of simple battery of the infirm. Edwards, a former employee of Heritage Manor of Ville Platte, allegedly struck an eighty-one year old resident in the face when the resident did not want to leave the dining room table.

On March 31, Tamatha Davis, surrendered to MFCU special agents on one count of false imprisonment and one count of cruelty to the infirm. Davis, a former employee of Landmark Nursing & Rehab Center in West Monroe, allegedly barricaded an 83-years-old resident in her room because the resident wandered the halls at night.

Also on March 31, DeShundra N. Johnson, surrendered to MFCU special agents on one count of simple battery of the infirm. Johnson, a former employee of Jackson Manor Care and Rehabilitation Center in Jonesboro, allegedly began wrestling with a sixty-one year old resident. The wrestling allegedly led to Johnson hitting the resident on the top of his head with the palm of her hand.

For further information contact Fred Duhy, Director, MFCU (225) 326-6210.

Patient Abuse: Ohio

Attorney General Jim Petro announced on January 26 that James Holcombe was indicted on one count of patient abuse, a felony of the fourth degree, and one count of felonious assault, a felony of the fourth degree. On March 9, Holcombe pleaded guilty to one count of Patient Abuse, a felony of the fourth degree.

On April 6, Holcombe was sentenced to one year community control with 75 hours of community service. Violations of the community control sanctions would result in 18 months of incarceration. Holcombe worked at The Oakridge Home and hit a female resident in her breast.

For further information please contact Assistant Attorney General Alan Schwepe (614) 466-0722.

* * * *

Attorney General Petro announced on June 30, 2005 that Vicki Rankin was indicted on two counts of patient abuse, a felony of the fourth degree. On March 1, Rankin was convicted on one count of Patient Abuse, a felony of the fourth degree.

Rankin was a nurse aide at Boardman Specialty Care Center where she struck a resident in the chest. On April 20, Rankin was sentenced to two year community control and will be sentenced to 18 months in prison if found in violation of the community control. Rankin was also told that she could not work in any care center in the future.

For further information contact Assistant Attorney General Constance Nearhood (614) 466-0722.

* * * *

Attorney General Petro announced on April 10 that Cynthia Parks, a nursing aide at Canton Christian Home, was sentenced to 200 hours community service and 180 days in jail, 150 of which were suspended. On that same day Parks pleaded guilty to one count of patient neglect, a misdemeanor of the first degree. On February 21, Parks was indicted on one count of patient neglect, a misdemeanor of the first degree.

For further information contact Assistant Attorney General Keesha Mitchell (614) 466-0722.

* * * *

Attorney General Petro announced on April 3 that Thomas Booth was sentenced to four years in prison to be followed by five years of post-release control. Booth pleaded guilty to ten counts of Gross Sexual Imposition, a felony of the fourth degree. On September 22, 2005 Thomas Booth was indicted on ten counts of Gross Sexual Imposition, a felony of the fourth degree.

Booth had sexual contact with a resident of the Arlington Nursing Home- admitting to at least ten incidents. The victim was 92-years-old and suffered from dementia.

For further information contact Assistant Attorney General Jordan Finegold (614) 466-0722.

Patient Abuse: Tennessee

The Tennessee Medicaid Fraud Control Unit announced on February 23 that Barbara Vaughn, an LPN for Wexford Nursing Home, pleaded guilty to one count of Willful Abuse of an Impaired Adult in Sullivan County Criminal Court. The court sentenced Vaughn to serve 11

months/29 days in the local jail or 11 months/29days of supervised probation. The district attorney asked for the probation to follow her release from jail on other charges. In addition, she is prohibited from working in any healthcare facilities.

This case was opened on August 13, 2003, based on a referral from the Kingsport Police Department. It was alleged that Vaughn withheld the administration of morphine from one of the patients she was responsible for. The patient was suffering from cancer and the physician prescribed morphine as part of his treatment. The investigation showed she was stealing narcotics from the patient but charting that she had given the medication.

For further information contact Special Agent Brian Pritchard (423) 434-6424.

* * * *

The Tennessee Medicaid Fraud Control Unit announced on April 19, that Beniquez Neely, a care giver for the mentally retarded, pleaded guilty to one count each of Assault and Adult Abuse. The court sentenced Neely to serve 11 months 29 days with the Tennessee Correctional Services. If, at the end of the sentence, Neely has met all conditions set forth by the court, the charges will be dismissed.

This case was opened on February 9, based on a referral from an investigator with the Tennessee Division of Mental Retardation Services. It was alleged that Neely, a direct caregiver at the Shelby Residential and Vocational Services program in Memphis struck a patient repeatedly with the buckle of his belt and slapped the patient. The patient received welt marks and bruising on his body. Several staff witnessed the event and reported to their supervisor. The District Attorney's Office was consulted and an affidavit was filed charging Neely with the assault. The court's Order of Deferment included placing Neely's name on the State Abuse Registry.

For further information contact Special Agent Roger Turner (901) 379-3432.

* * * *

The Tennessee Medicaid Fraud Control Unit announced on January 23 that Kristy Carrington, R.N., pleaded guilty to one count of Willful Abuse of an Adult in the Jefferson County Criminal Court. The court sentenced Carrington to serve 11 months and 29 days, suspended to time served and the balance to be served on supervised probation. Also, she was ordered to serve 30 hours community service and to complete an anger management course.

This case was opened on April 25, 2005, based on a referral from a health care facilities investigative nurse. It was alleged that Carrington, a nurse working at the Jefferson City Health and Rehabilitation Center, kicked and pushed one of the residents, causing the resident to fall backwards. Several staff witnessed the event and there were several progress notes written. The results of the investigation were presented to the Jefferson County Grand Jury. On September 5, 2005, Carrington

was indicted and charged with willful abuse of an adult. Carrington's name was submitted to the Tennessee Abuse Registry.

For further information contact Special Agent Margaret Chuinard (865) 686-1915.

* * * *

The Tennessee Medicaid Fraud Control Unit announced on February 16 that Christeen Taylor, a direct care giver employed at Clover Bottom Developmental Center in Nashville, pleaded guilty to one count of Abuse or Neglect of an Impaired Adult in the Davidson County Criminal Court. The court sentenced Taylor to serve 11 months and 29 days, suspended, and 11 months 29 days of probation. The first six months are supervised probation and the last six months are to be unsupervised.

This case was opened on November 17, 2004, based on a referral from an investigator with the Tennessee Division of Mental Retardation Services. It was alleged that Taylor caused bruising, swelling and scratch marks to various parts of a patient's body. The staff physician stated the injuries were consistent with a physical beating rather than a fall. Upon investigation, it was shown that Taylor was the only staff member who was with the patient at the estimated time of the injuries. Taylor was indicted by the Davidson County Grand Jury on August 12, 2005 and charged with two counts: one for abuse and one for causing bodily injury. She pleaded guilty to the first charge on February 16.

For further information contact Special Agent Paul Murray (615) 744-4552.

Patient Abuse: Texas

Attorney General Abbott announced that on April 6, Pamela Purdy Smith was sentenced to one year of probation, a \$300 fine, \$293 in court costs, and 80 hours of community service by Judge Lupe Flores. Smith was charged with Failure to Report Abuse on September 14, 2004. Smith was employed at Pinehaven Living Center, an MHMR residential group home in Beaumont, Texas, and was present in a client's room when MHMR House Manager Lelia McCoy physically abused the resident by hitting him with a hairbrush and shoe. Another staff person witnessed the incident and made an audiotape capturing the sounds of the abuse and the statements made by Smith.

Previously, House Manager McCoy pleaded guilty to the charge of Injury to the Elderly in January 2005, and was sentenced to three years of probation and assessed a fine of \$550 in addition to court costs. She was also barred from seeking employment in the health care industry, ordered to complete an anger management course, and to perform 600 hours of community service.

For further information contact Chief Investigator Jim Fossum (512) 371-4732.

Patient Neglect: Michigan

Attorney General Mike Cox announced February 27 that he has charged eight individuals from Metron Nursing Facility of Big Rapids with a total of 18 felony counts in connection with the death of 50-year old female resident on January 16, 2005.

Charges were filed against five registered nurses, the Medical Director/Mecosta County Deputy Medical Examiner, the former Nursing Home Administrator (N.H.A.) and a certified nursing Assistant (C.N.A.) at Metron. The charges include: involuntary manslaughter, accessory after the fact as a result of a cover-up, falsification of medical records, tampering with evidence and five misdemeanor charges, including failure to report the incident to the Department of Community Health (D.C.H.), following the asphyxiation death of the resident.

Attorney General Cox alleged in the complaints that a 50-year-old female Medicaid recipient was transferred, for rehabilitation purposes, from Spectrum Health in Grand Rapids to Metron of Big Rapids in the late afternoon on Saturday, January 15, 2005. The new resident was extremely oxygen-dependent as she had been weaned from a ventilator to oxygen just 48-hours prior to her transfer. Oxygen-dependent residents at Metron of Big Rapids are supplied with portable K-tank oxygen cylinders. The resident required a very high concentration of oxygen (15 liters/minute) and could only survive a few minutes without oxygen assistance.

There was a vacant room on NE Hall where the staff was experienced in caring for more compromised patients and where oxygen usage records were kept. Instead, the resident was placed in a room at the far end of NW Hall, also known as the Medicaid Hall, where staff did not normally care for oxygen-dependent residents and where no oxygen records were kept. No special instructions or orders were given to staff to monitor the oxygen levels or track the tank depletion between 11:00 p.m. and 7:00 a.m. Assigned staff was limited to two C.N.A.s, one of whom was assigned to a particular resident from 10:30 p.m. until 3:00 a.m., and one nurse supervising both the NW and NE Halls.

Attorney General Cox further alleged that the oxygen tank was never changed and ran out before 6:45 a.m. Early morning reports to nursing staff that the resident was experiencing dizziness were ignored. Facility records indicated that the victim was found dead at 8:50 a.m. Medical examiner investigators looked into the incident but were not informed that the resident's oxygen tank was empty. The medical records indicate the same. As a result, no autopsy was performed and the death certificate was instead sent to the resident's former physician for signature with the cause of death incorrectly listed as myocardial infarction due to natural causes.

Metron of Big Rapids administration, assisted by staff, falsified medical records to conceal the resident's condition and status to cover up the asphyxiation death. Further, staff completed a written report, omitting any reference to the oxygen tank depletion and also any internal investigation and subsequent results. Vital information was also withheld from investigators.

One of the charges also relates to the facility's failure to report that, another 64-year-old female oxygen-dependant resident on NE Hall, died the same day at 9:00 a.m. The cause of death

was listed as Chronic Obstructive Pulmonary Disease. The resident had complained of shortness of breath days before her death.

Attorney General Cox filed the complaints against the following individuals:

Kathleen Rose Johnson, R.N., day-shift supervisor, is charged with: Involuntary Manslaughter; Vulnerable Adult Abuse-2nd degree; Intentionally Placing False Information on a Medical Chart; Accessory After the Fact to a Felony; Tampering with Evidence in a Criminal Case; Tampering with Evidence;

Cheryl Lynn Williams, R.N., midnight-shift charge-nurse supervisor is charged with: Involuntary Manslaughter; Vulnerable Adult Abuse-2nd Degree; Intentionally Placing False Information on a Medical Chart; Accessory After the Fact to a Felony;

Tracey Marie Moore, C.N.A., Moore was a direct care giver and is charged with Involuntary Manslaughter; Vulnerable Adult Abuse-2nd Degree; and Accessory After the Fact to a Felony;

Sharon Elaine Mumah, R.N., was the Corporate Nurse Consultant for Metron and Interim Director of Nursing (D.O.N.). Mumah was responsible for admitting, room assignment and special care instructions for floor personnel on the day in question. Mumah is charged with Vulnerable Adult Abuse -2nd Degree; Accessory After the Fact to a Felony; Failure to Report Abuse of a Patient;

Christine Marie Mondrella, R.N., was the facility D.O.N., but was on maternity leave on the day in question. Mondrella was called back to work following the incident and is charged with Failure to Report Abuse of a Patient;

Laura Lynn Ferrara, R.N., was the Corporate Clinical Director for Metron based in Grand Rapids. Ferrara was called to the facility and participated in meetings which resulted in withholding pertinent information from D.C.H., Ferrara is charged with Accessory After the Fact to a Felony;

Rudy Casimer Ochs, M.D., was the medical director of Metron of Big Rapids and Deputy Medical Examiner for Mecosta County. Dr. Ochs did not disclose the oxygen depletion to investigators or order an autopsy. Dr. Ochs is charged with Accessory After the Fact to a Felony; Willful Neglect of Duty as a Public Officer;

Robert Earl Koch, Jr., was the Nursing Home Administrator (N.H.A.) at Metron of Big Rapids. Koch was aware of the fact that the oxygen tank ran out and the victim died. Koch intentionally concealed the information and failed to report the incident or the circumstances of death. Koch is further charged with failure to inform about the second oxygen related death which occurred within hours following the new resident's death. Koch is charged with Accessory After the Fact to a Felony; two counts of Failure to Report Abuse of a Patient.

For further information contact Assistant Attorney General George N. Stevenson (517) 241-6500.

Patient Neglect: Missouri

Attorney General Jay Nixon announced on April 4 that Mary Collura pleaded guilty to involuntary manslaughter in connection with the death of one of the residents of the Turtle Creek group home in and was sentenced by Polk County Circuit Judge Bill Sims to five years in prison. The charge against Collura, who served as manager of the facility, was investigated and prosecuted by the MFCU in connection with the January 2002 death of a resident.

Collura admitted she failed to make adequate provision in December 2001 and early January 2002 for the appropriate treatment of decubitus ulcers, also know as bedsores that the resident developed. The victim, who was confined to a wheelchair, suffered from cerebral palsy and was physically and mentally handicapped. He was moved into the Turtle Creek facility in February 2001, and later admitted into Citizens Memorial Hospital in Bolivar on January 10, 2002 due to severe ulcers. Oheim died later that month at the hospital.

Four persons who worked as aides at Turtle Creek Nursing Home previously pleaded guilty to misdemeanor charges of elder abuse in the third degree and failure to report abuse/neglect. Charges of resident neglect, a class D felony, are pending against two other aides, Heather Bruce and Karen Burkes. Their cases are pending. Charges of involuntary manslaughter in the first degree and resident neglect are also pending against Community Alternatives Missouri Inc.(CAMO), which operated Turtle Creek Group Home.

For further information contact Rick Williams, Director, MFCU (573) 751-7192.

Patient Trust Funds: Colorado

Attorney General John Suthers announced on April 17 that Jason Holsan pleaded guilty to one count of Computer Crime, a class 4 felony. Holsan was the business office manager for a nursing home in Grand Junction, Colorado. In that capacity he was responsible for collecting accounts receivable from residents and for billing Medicaid for resident care. In early 2005 a nursing home auditor discovered irregularities in Holsan's bookkeeping. The nursing home contacted the MFCU.

An investigation found that Holsan was understating resident payments to the nursing home so he could overstate the amount billed to Medicaid for resident care. Holsan used the money he fraudulently received from Medicaid to post to aged accounts receivables that he was unable to collect. Holsan's conducted started in approximately January 2003 and ended when the fraud was discovered in December 2004. The loss to Medicaid was \$19,618. The money was recovered by Medicaid from the nursing home.

The Mesa County District Court sentenced Holsan to one year of probation, 50 hours of useful public service and restitution of \$19,618.43. Holsan paid \$15,000 in restitution at the time of sentencing.

For further information contact First Assistant Attorney General Mark J. Zammuto or Investigator Kerry Sanchez (303) 866-5431.

Patient Trust Funds: Ohio

Attorney General Petro announced on January 24 that Linda White was indicted on two counts of Theft, two counts of Forgery, and two counts of Uttering. On March 6, White pleaded guilty to one count of Theft from the Elderly, a felony of the fifth degree, and one count of Forgery, also a felony of the fifth degree. On April 7, White was sentenced to one year of community control, 40 hours of community service and is prohibited from working in elder care.

White worked at Harborside HC Beachwood Rehabilitation nursing home and stole checks from a resident. White admitted to stealing two checks from a resident of Harborside HC Beachwood Rehabilitation, and cashing them in the amount of \$100 each. Since the resident is elderly, the theft offense becomes a felony of the fifth degree.

For further information contact Assistant Attorney General Jordan Finegold (614) 466-0722.

Patient Trust Funds: South Carolina

Attorney General McMaster announced that Jill St. Claire Hall, Service Coordinator, was convicted on April 4, of seven counts of Breach of Trust with Fraudulent Intent. While working at Whitten Center, Hall converted the funds of various residents to her own use and purposes with the intention of permanently depriving the residents of the funds. The offenses occurred between the dates of December 1, 2005 and January 23.

Hall was sentenced by the Honorable H. Wayne Copeland to a total court fine of \$896 and was ordered to pay total restitution in the amount of \$534.87.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Senior Assistant Attorney General William K. Moore, Chief Investigator James Bagnall or Special Investigator David Addison (803) 734-3660.

Patient Trust Funds: Texas

Attorney General Abbott announced on April 24 that a grand jury indicted Sherril Hodnett and Rosario Jimenez for felony misapplication of fiduciary property in two Houston nursing home trust fund theft investigations. Hodnett and Jimenez were both former employees of the Benner Healthcare Center and both were investigated for trust fund theft. Jimenez was charged with accepting cash and making disbursements from the residential trust fund.

Jimenez previously gave a voluntary statement admitting to taking approximately \$1,750 from the patients' trust fund account between April 2003 and December 2004 and diverting the funds for her personal use. Hodnett's indictment is based on allegations that she took approximately \$15,200 from the account and used it for her own personal use between October 2002 and March 2003. The case is being prosecuted by the Harris County District Attorney's Office.

* * * *

Attorney General Abbott announced on April 11 that a grand jury indicted Gabriela Aguilar for theft and misappropriation of fiduciary property, a second degree felony. Aguilar was the former business office manager of Brookshire Nursing Center who allegedly misapplied \$32,439.65 from the residents' trust fund accounts and deposited them into her personal bank accounts between August 2003 and September 2004. The case is being prosecuted by the Waller County District Attorney's Office.

For further information on both cases contact Chief Investigator Jim Fossum (512) 371-4732.

Pharmacies: Texas

Attorney General Abbott announced on April 26 that a grand jury indicted Eugenia Agugua, pharmacist and owner of Triumph Infusion Pharmacy, on one first-degree felony and one-third degree felony for Theft. The indictment was based on allegations that between February 1, 1999, and April 15, 2005, Triumph billed the Medicaid program for approximately \$1,235 million and was paid over \$900,000. The investigation revealed that Agugua, through Triumph, was paid approximately \$500,000 for prescription medications that were neither prescribed by a physician nor provided to the Medicaid recipient. The case is being prosecuted by the Dallas County District Attorney's Office.

For further information contact Chief Investigator Jim Fossum (512) 371-4732.

Physicians: Massachusetts

Attorney General Tom Reilly announced on April 25 that Michael R. Brown, a physician, was indicted on charges he allegedly illegally prescribed drugs to seven of his patients, defrauded the state's Medicaid program, and illegally possessed hydrocodone, a highly addictive controlled substance. He was indicted that same day by a grand jury on 16 counts of violating the Controlled Substances Act and 10 counts of violating the Medicaid False Claims Act. He was additionally indicted on two counts each of possession of a class C substance, hydrocodone, and violating the Medicaid False Claims Act and one count of larceny over \$250. Dr. Brown, a board certified

physician specializing in internal and emergency medicine, practiced medicine at his office from 1984 until his suspension by the Board of Registration in Medicine August 2005.

The indictments alleged that Brown prescribed OxyContin, Roxicodone and other Oxycodone-based medications in bad faith and for no legitimate medical purpose. OxyContin is a powerful and highly addictive narcotic used to treat moderate-to-severe chronic pain. It is a controlled substance in a category for drugs determined to have a high potential for abuse. OxyContin is highly sought after by drug abusers because of its substantial street market value of \$1 per milligram and because it causes a euphoric high. OxyContin is a controlled-release formulation of oxycodone, intended for continuous pain relief.

On August 22, 2005, Brown was arrested after a warrant was issued for his arrest. At the time of his arrest, Brown was allegedly in possession of hydrocodone and charged. The charges followed an investigation using video surveillance of Brown allegedly involved in a drug transaction. At the time of the motor vehicle stop and arrest on August 22, police found two hydrocodone pills on the floor of Brown's car. Police also found \$29,900 in cash in a plastic bag on the rear seat of the vehicle and \$31,290 in a plastic bag in the trunk.

For further information contact Assistant Attorney General Steven L. Hoffman or Senior Investigator John Curley (617) 727-2200.

Physicians: Michigan

Attorney General Cox announced April 11 that after 17 years of being a fugitive from justice, Joel Edward Freedland, D.O., voluntarily appeared before Judge Thomas E. Jackson for sentencing. On April 28, 1982, Freedland was charged by the Health Care Fraud Division with billing for osteopathic manipulative treatments which were not provided and ordering unnecessary medical procedures on patients.

Freedland, who operated the former Griggs Clinic on Seven Mile in Detroit, was found guilty of one count of conspiracy to defraud the Medicaid program and 22 counts of Medicaid false claims following a jury trial on February 5, 1987. In 1987, Judge Jackson sentenced Freedland to five to ten years in prison on the conspiracy count and two to four years on the 22 counts of Medicaid fraud, with both sentences to run concurrently. Freedland's attorney filed a Motion for Appeal on April 16, 1987, and Freedland posted a \$50,000 surety bond.

The conviction was affirmed by the Michigan Court of Appeals on August 7, 1989, and by the Michigan Supreme Court on April 24, 1990, when it denied Freedland's application for leave to appeal. When Freedland failed to appear to serve his sentence on October 29, 1990, a bench warrant was issued for his arrest, and the \$50,000 bond was forfeited. Freedland's osteopathic medical license was revoked February 4, 1989.

For further information contact Assistant Attorney General George N. Stevenson (517) 241-6500, or Special Agent Wesley Shaw (517) 241-6525.

Physicians: South Carolina

Attorney General McMaster announced that Jimmy Dean Fowler, a physician, was convicted on April 28 of one count each of Unlawful Distribution of Schedule III Controlled Substance and Filing False Claims. On or about April 12, 2005, Dr. Fowler unlawfully distributed a Schedule III Controlled Substance. He, unlawfully and without medical justification, distributed a quantity of hydrocodone 10 mg., a Schedule III Controlled Substance. Also, or about April 12, 2005, Fowler caused a false claim for reimbursement to be filed with the South Carolina Medicaid Program, which claim was false because the services for which the claim was filed had not been provided.

Fowler was sentenced by the Honorable L. Casey Manning to three years and \$1,000 on the Filing False Claims charge and five years and \$5,000 on the Unlawful Distribution charge. Both sentences were suspended upon completion of one year of probation and payment of court costs. Restitution in the amount of \$15,000 was paid to the state Department of Health and Human Services.

For further information contact Assistant Deputy Attorney General Charles W. Gambrell, Jr., Assistant Attorney General Scott Beck or Special Investigator Kyle Mitchum (803) 734-3660.

Speech Therapists: Tennessee

The Tennessee Medicaid Fraud Control Unit announced that on March 6 Tammi Jobe, a speech therapist, was sentenced after a plea of guilty to one count of Health Care Fraud in United States District Court, Eastern District of Tennessee at Greenville. The court sentenced Jobe to five years supervised probation with six months of home confinement, ordered her to pay restitution of \$47,178.75 to the Division of Mental Retardation (DMR) and pay a special assessment of \$100.

This case was opened on June 4, 2004 based on a referral from the Tennessee Division of Mental Retardation Audit Unit. It was alleged that Jobe, a licensed speech therapist under contract with the DMR in the upper eastern area of Tennessee, billed for services not rendered. Upon investigation, it was discovered the progress notes did not support the number of treatment sessions billed for nor could direct care givers confirm the therapists presence for the times billed. During an interview, Jobe admitted to her involvement. She pleaded guilty to one count of health care fraud on October 31, 2005 and was sentenced in March of 2006.

For further information contact Special Agent Barry Carrier (423) 434-6424.

Medicaid Fraud Report is published 10 times per year by the National Association of Attorneys General. Subscriptions are available at an annual rate of \$150. Inquiries on editorial content or subscriptions should be addressed to:

Barbara L. Zelner
Counsel
National Association of Medicaid Fraud Control Units
750 First Street, N.E., Suite 1100
Washington, D.C. 20002
Phone: (202) 326-6020

Steve Carter
President, NAAG
Attorney General
Indiana

Linda A. Purdy
President
National Association
of Medicaid
Fraud Control Units

Lynne M. Ross
Executive Director
National Association
of Attorneys General

The views and opinions of authors expressed in this newsletter do not necessarily state or reflect those of the National Association of Attorneys General (NAAG). This newsletter does not provide any legal advice and is not a substitute for the procurement of such services from a legal professional. NAAG does not endorse or recommend any commercial products, processes, or services.

Any use and/or copies of the publication in whole or part must include the customary bibliographic citation. NAAG retains copyright and all other intellectual property rights in the material presented in the publications.

Copyright 2006, National Association of Attorneys General

INDEX TO CASES

COUNSELORS

Deborah Beresky 4
 Matilda Boozer 3

DENTISTS

Jack L. Kilgore 4
 Leonard Morse 4

DENTURISTS

..... 5

DURABLE MEDICAL EQUIPMENT

Anthony Etim.....
 5
 Jason Guillen and Roxanne Celaya Guillen 6
 Ntiense Ekoh Johnson 6
 Mary Woods McFarlin 5
 Gloria Okwuwanne and Arthur Rapor 6

HOME HEALTH CARE AIDES

Karen Craven 7
 Lula G. Dennis 8
 Stephanie Diouf and Connie S. Persley 8
 April Harris 7
 Charro Maldonado 7

MEDICAL TRANSPORTATION

..... 9

NURSES

..... 9

NURSING HOMES

Rena Tanae Burgess, Kelly Denise Fugate, Scott Keith Gillespie,
 Angeline Marie Green, Earletta Johnson and Candi Taylor 10
 Alberta Davis 9

PATIENT ABUSE

Thomas Booth 13
 Kristy Carrington 14
 Tamatha Davis 12
 Rachelle Edwards 12
 James Holcombe 12
 DeShundra N. Johnson 12

Beniquez Neely 14
Cynthia Parks 13
Vicki Rankin 12
Pamela Purdy Smith 15
Christeen Taylor 15
Barbara Vaughn 13

PATIENT NEGLECT

Heather Bruce 18
Karen Burkes 18
Mary Collura 18
Laura Lynn Ferrara, Kathleen Rose Johnson, Robert Earl Koch, Jr,
Christine Marie Mondrella, Tracey Marie Moore, Sharon Elaine Mumah,
Rudy Casimer Ochs, Cheryl Lynn Williams 16

PATIENT TRUST FUNDS

Gabriela Aguilar 20
Jill St. Claire Hall 19
Sherril Hodnett and Rosario Jimenez 19
Jason Holsan 18
Linda White 19

PHARMACIES 20

PHYSICIANS

Michael R. Brown 20
Jimmy Dean Fowler 23
Joel Edward Freedland 21

SPEECH THERAPISTS 22