

IN THE MATTER OF * **BEFORE THE MARYLAND**
KEVONTE M. COCKRILL, P.T.A. * **STATE BOARD OF PHYSICAL**
LICENSE NO. A4492 * **THERAPY EXAMINERS**
Respondent * **Case No. PT 18-01**
* * * * *

FINAL DECISION AND ORDER

Procedural Background

On or about July 7, 2017, the Maryland Board of Physical Therapy Examiner (the “Board”) received a complaint regarding the practice of limited physical therapy in Maryland by KeVonte Cockrill, License No. A4492 (the “Respondent”). Specifically, the complaint alleged that the Respondent had falsified documentation of treatment sessions with two patients. In order to investigate the complaint more fully, Board staff scheduled an interview with the Respondent on June 20, 2018. During and after the interview, the Respondent became agitated, causing the Board to refer the Respondent for a psychological evaluation on July 24, 2018. Despite multiple attempts by the Board to contact him (by certified and regular mail sent to his address of record with the Board and another address identified by the Respondent, and by email) the Respondent never appeared for the evaluation. On December 27, 2018, the Board issued Charges against the Respondent’s license to practice limited physical therapy in Maryland under the Maryland Physical Therapy Act (the “Act”), Md. Code Ann., Health Occ. § 13-101 *et seq.*

The Board scheduled an evidentiary hearing for December 17, 2019, and sent the Applicant notice of the hearing via certified and regular mail. The Applicant never responded to the hearing notice. On December 17, 2019, the Board held an evidentiary hearing before a quorum of the Board in accordance with the Maryland Administrative Procedure Act, Md. Code Ann., State

Gov't § 10-201 *et seq.*, and the Board's regulations, COMAR 10.38.05. The Respondent did not appear for the hearing, but the Board held the hearing in the Respondent's absence as provided for in the Act, Md. Code Ann., Health Occ. § 13-317(g). Following the hearing, the same quorum of the Board convened to deliberate and voted unanimously to revoke the Respondent's license to practice limited physical therapy in Maryland for the reasons set forth in this Final Decision and Order.

SUMMARY OF THE EVIDENCE

A. Documents

The following documents were admitted into evidence.

State's Exhibit No. 1	-	Complaint received by the Board, 7/7/17
State's Exhibit No. 2	-	<i>Subpoena Duces Tecum</i> with relevant excerpts of patient records received, 5/16/18
State's Exhibit No. 3	-	<i>Subpoena Ad Testificandum</i> with transcript of interview of Complainant, 5/25/18
State's Exhibit No. 4	-	<i>Subpoena Ad Testificandum</i> with transcript of interview of Respondent, 5/25/18
State's Exhibit No. 5	-	Correspondence between Board, Respondent, and evaluator regarding scheduling Respondent's evaluation, 7/24/18-9/18/18
State's Exhibit No. 6	-	Charges Under the Maryland Physical Therapy Act, 12/27/18

B. Witnesses

Andrew Rosenfeld, Investigator, Board of Physical Therapy Examiners

FINDINGS OF FACT

Based upon the documentary and testimonial evidence admitted at the evidentiary hearing, the Board finds the following:

1. At all times relevant hereto, the Respondent was licensed to practice limited physical therapy as a physical therapist assistant in Maryland. The Respondent was originally licensed on July 19, 2016; the Respondent's license expired on May 31, 2020. (State's Ex. 6)

2. On or about July 7, 2017, the Board received a complaint from the Executive Director/Medicare Administrator at the home health physical therapy practice where the Respondent work, alleging that the Respondent had admitted to falsifying the medical records of two patients. The complainant was the Respondent's supervisor at the time. (State's Ex. 1; Tr. at 13)

3. On June 22, 2017, a patient's caregiver called the practice to inquire when the patient's next physical therapy visit would occur; when told by the practice that both weekly visits had been documented, the caregiver stated only one visit had taken place. The practice reviewed the records and realized that the patient's signatures for the two visits did not match. Upon questioning by the complainant, the Respondent denied falsifying a visit but admitted to accidentally signing the patient's initials on the documentation. The practice gave the Respondent a verbal warning. (State's Ex. 3 at 11; Tr. at 13-14, 19-20)

4. Based on the initial issue with the Respondent's documentation, the practice reviewed the records of several other patients and performed quality check phone calls, after which it determined that the Respondent had falsified a visit for a second patient. When confronted with this additional information, the Respondent admitted that he falsified the medical records of both patients. The Respondent was terminated from his position at the practice on June 28, 2017. (State's Ex. 2 at 4; State's Ex. 3 at 12; Tr. at 14-15, 20-21)

5. During the meeting with his employer where his employment was terminated, the Respondent stated that he falsified the patients' records because he was dealing with some personal medical issues and needed extra money for his treatment. (State's Ex. 3 at 17, 21; Tr. at 21)

6. In furtherance of its investigation into this case, Board staff interviewed the Respondent under oath on June 20, 2018. During the interview, the Respondent admitted that he documented a treatment session that did not occur for the first patient but denied falsifying a record for the second patient, stating that it was his "first time hearing of" fraudulent documentation for the second patient. (State's Ex. 4 at 9-11, 15; Tr. at 23-24)

7. The Respondent stated that had intended to treat the first patient later that day and entered information on the record as a "placeholder," but did not get a chance to go see the patient and never corrected his documentation. (State's Ex. 4 at 12)

8. When asked whether he had ever signed notes on behalf of patients, the Respondent stated that for patients who were unable to initial the note, he would write a slash and his own initials. The Respondent stated that he had been told by a preceptor that this was an acceptable practice. (State's Ex. 4 at 15; Tr. at 23)

9. When questioned further about the second patient, the Respondent again stated that he saw the patient for all his documented visits and denied ever even being questioned by the practice about a second patient. (State's Ex. 4 at 21)

10. During the course of the Board interview and after the interview had concluded, the Respondent became extremely agitated. He began to respond angrily to the interviewer's questions, started breathing heavily, stopped making eye contact with Board staff, and indicated that he was extremely angry and wanted to leave. The Board's investigator told the Respondent

that if he did not calm down the police would be called to escort him from the building. (Tr. at 25-26)

11. The Respondent's behavior during and after his interview caused the Board and Board staff to become concerned regarding the Respondent's ability to treat patients safely. As a result, the Board voted to refer him for a psychological evaluation. (Tr. at 26-27)

12. On July 24, 2018, the Board ordered the Respondent, by certified and regular mail sent to his address of record, to contact a Board-appointed evaluator to undergo a psychological evaluation. The order notified the Respondent that his "failure or refusal to comply with the Board's order to submit to an examination [is] prima facie evidence that you are unable to practice physical therapy competently unless the Board finds that the failure or refusal was beyond your control." (State's Ex. 5 at 1; Tr. at 28-29)

13. On August 3, 2018, the Board's order sent to the respondent by certified mail was returned as undeliverable; the copy sent by regular mail was not returned. The evaluator notified the Board that the Respondent had not contacted him by email the same day. (State's Ex. 5 at 3-4; Tr. at 29-30)

14. By e-mail dated August 6, 2018, Board staff forwarded a copy of the July 24, 2018 evaluation order to the Respondent. On August 17, 2018, Board staff sent an identical evaluation order to an address in Pennsylvania identified by the Respondent during his Board interview. The August 17, 2018 order sent by certified mail was unclaimed; the copy sent by regular mail was not returned to the Board. (State's Ex. 5 at 4-5; Tr. at 30-33)

15. By email dated September 18, 2018, the Evaluator notified the Board that the Respondent had not contacted him. The Respondent did not respond to further Board attempts to contact him. (State's Ex. 5 at 7; Tr. at 33-34)

OPINION

The Board's primary and most important duty is to protect the public, a duty the Board upholds in various ways. The Board's documentation requirements, set forth in COMAR 10.38.03.02-1, ensure that a patient's records fully and accurately detail the patient's treatment history, to indicate what interventions have been and have not been effective, to allow future physical therapists and other health care professionals to know the type and extent of treatments that have been attempted, and to allow insurance companies or other third-party payers to cover treatment as necessary. Falsifying treatment records is not a "victimless" transgression – inaccurate treatments records can set back a patient's current and future treatment, and can cause significant financial trouble for a patient. The Respondent admitted that he falsified treatment records for his own financial gain, without regard to the effects such false records could have on his patients. Such decision-making leads the Board to question the Respondent's professionalism and raises significant concerns about the Respondent's ability to make ethical decision in the future.

Although the Board takes the falsification of treatment records seriously, the Board also understands that mistakes can happen and that many physical therapists and physical therapist assistants are able to learn from documentation mistakes to become better practitioners. In order to do so, however, a licensee needs to be able to admit the wrongdoing and take the steps necessary to make amends. If a licensee becomes confrontational with Board staff, fails to cooperate with the Board's investigation, refuses to submit to an evaluation, and terminates contact with the Board, the Board cannot ensure that the licensee will conform his future treatment and conduct with the rules and regulations set forth by the Board.

The Respondent in this case made a serious mistake in falsifying treatment records for two patients, a mistake for which the Respondent lost his job and found himself the subject of a Board

investigation. The Respondent compounded his mistake, however, by becoming agitated and confrontational during his interview with the Board's investigators, to the extent that Board staff and the Board questioned his competence and his ability to safely treat patients in the future. The Respondent, by his own actions, forced the Board to find it necessary to send him for a psychological evaluation – an evaluation he never submitted to. The Board's statute authorizing it to send licensees for an evaluation specifically states that the "failure or refusal of the licensee to submit to an examination . . . may be considered as evidence of the inability of the licensee to practice competently, unless the Board finds that the failure or refusal was beyond the control of the licensee." Md. Code Ann., Health Occ. § 13-316.1(c). The Board does not find that the Respondent's failure to submit to an evaluation was beyond his control; as such, the Board cannot ensure the Respondent's ability to practice limited physical therapy competently, ethically, and safely. Taking that fact into account in concert with the Respondent's underlying falsification of treatment records and his agitated and aggressive conduct with Board staff, the Board cannot in good conscience allow the Respondent to continue practicing limited physical therapy in Maryland.

CONCLUSIONS OF LAW

Based upon the foregoing summary of evidence, findings of fact, and opinion, the Board concludes as a matter of law that the Respondent is subject to discipline pursuant to the Act, Md. Code Ann., Health Occ. § 13-316(12), (14), (15), (19), and (24), and COMAR 10.38.03.02B(1)(b) and 10.38.03.02-1C.

ORDER

Based on the foregoing Findings of Fact, Opinion, and Conclusions of Law, by a unanimous decision of a quorum of the Board, it is hereby:

ORDERED that the license to practice limited physical therapy in Maryland held by the Respondent, KeVonte Cockrill, License No. A4492, is **REVOKE**D; and it is further, **ORDERED** that this is a final order of the Maryland Board of Physical Therapy Examiners and as such is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Provisions §4-333(b).

7/26/21

Date

Karen Gordes

Karen Gordes, P.T., Ph.D., D.Sc.P.T.
Chair
Board of Physical Therapy Examiners

NOTICE OF RIGHT TO APPEAL

Pursuant to Md. Code Ann., Health Occ. § 13-318, you have the right to take a direct judicial appeal. Any petition for judicial review shall be filed within thirty (30) days of this Final Decision and Order and shall be made as provided for in the Maryland Administrative Procedure Act, Md. Code Ann., State Gov't §10-201 *et seq.*, and Title 7, Chapter 200 of the Maryland Rules.