

IN THE MATTER OF

BRENDA L. CAMERON, P.T.

License No. 20507

Respondent

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BEFORE THE MARYLAND

BOARD OF PHYSICAL

THERAPY EXAMINERS

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CONSENT ORDER

The Maryland Board of Physical Therapy Examiners (the "Board") charged **BRENDA L. CAMERON, P.T.** (the "Respondent"), License No. 20507, with violating certain provisions of the Maryland Physical Therapy Act ("the Act"), codified at Md. Health Occ. ("H.O.") Code Ann. §§ 13-101 *et seq.* (2000 and Supp. 2003).

Specifically, the Board charged the Respondent with violating the following provisions of § 13-316 of the Act:

Subject to the hearing provisions of § 13-317 of this subtitle, the Board may deny a license, temporary license, or restricted license to any applicant, reprimand any licensee or holder of a temporary license or restricted license, place any licensee or holder of a temporary license or restricted license on probation, or suspend or revoke a license, temporary license, or restricted license if the applicant, licensee or holder:

- (2) Fraudulently or deceptively uses a license, temporary license, or restricted license;
- (5) In the case of an individual who is authorized to practice physical therapy is grossly negligent:
 - (iii) in the supervision of a physical therapy aide;
- (12) Practices physical therapy or limited physical therapy with an unauthorized person or supervises or aids an unauthorized person in the practice of physical therapy or limited physical therapy;
- (13) Willfully makes or files a false report or record in the practice of physical therapy or limited physical therapy;

- (15) Submits a false statement to collect a fee;
- (16) Violates any rule or regulation adopted by the Board;
- (20) Commits an act of unprofessional conduct in the practice of physical therapy; and
- (25) Willfully and without legal justification, fails to cooperate with a lawful investigation conducted by the board.

The Board charged the Respondent with violating the following regulations:

Code Md. Regs. ("COMAR") tit. 10 § 38.03.02 Standards of Practice.

A. Physical Therapists.

(2) The physical therapist shall:

* * *

(g) Reevaluate the patient as the patient's condition requires, but at least every 30 days, unless the physical therapist, consistent with accepted standards of physical therapy care, documents in the treatment record an appropriate rationale for not reevaluating the patient;

(h) Provide direct supervision of students, aides, and preceptees;

COMAR 10. 38.03.02-1. Requirements for Documentation.

A. The physical therapist shall document legibly the patient's chart each time the patient is seen for:

(1) The initial visit, by including the following information:

- (a) Date;
- (b) Condition, or diagnosis, or both, for which physical therapy is being rendered;
- (c) Onset;
- (d) History, if not previously recorded;
- (e) Evaluation and results of tests (measurable and objective data);
- (f) Interpretation;
- (g) Goals;

- (h) Modalities, or procedures, or both, used during the initial visit and the parameters involved including the areas of the body treated;
 - (i) Plan of care including suggested modalities, or procedures, or both, number of visits per week, and number of weeks; and
 - (j) Signature, title (PT), and license number.
- (2) Subsequent visits, by including the following information (progress notes):
- (a) Date;
 - (b) Cancellations, no-shows;
 - (c) Subjective response to previous treatment;
 - (d) Modalities, or procedures, or both, with any changes in the parameters involved and areas of body treated;
 - (e) Objective functional status;
 - (f) Response to current treatment;
 - (g) Continuation of or changes in plan of care; and
 - (h) Plan of care including recommendations for follow-up; and
 - (i) Signature, title (PT), and license number
- (3) Reevaluation, by including the following information in the report, which may be in combination with visit note, if treated during the same visit:
- (a) Date;
 - (b) Number of treatments;
 - (c) Reevaluation, tests, and measurements of areas of body treated;
 - (d) Changes from previous objective findings;
 - (e) Interpretation of results;
 - (f) Goals met or not met and reasons;
 - (g) Updated goals;
 - (h) Plan of care including recommendations for follow-up; and
 - (i) Signature, title (PT), and license number;
- (4) Discharge, by including the following information in the discharge summary, which may be combined with the final visit note, if seen by the physical therapist on the final visit and written by the physical therapist:
- (a) Date;
 - (b) Reason for discharge;
 - (c) Objective functional status;
 - (d) Recommendations for follow-up;
 - (e) Signature, title (PT), and license number.

On June 22, 2004, a Case Resolution Conference ("CRC") was held in an attempt to resolve the Charges pending against the Respondent prior to a hearing. Present at the CRC were the Respondent, Lois Fenner-McBride, Esquire, counsel for the Respondent, James C. Anagnos, Assistant Attorney General/Board Prosecutor, Linda Bethman, Assistant Attorney General/Board Counsel, Ann Tyminski, Executive Director, Margery Rodgers, P.T., Board Char, and Shirley Leeper, P.T.A., Board Member. As a result of the CRC, the parties agreed to enter into the following Consent Order, consisting of Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board finds:

1. At all times relevant to the charges herein, the Respondent was licensed to practice physical therapy in the State of Maryland. The Respondent was first licensed on February 28, 2002, being issued License Number 20507.
2. At all times relevant to the charges herein, the Respondent was an owner of Ocean City Physical Therapy, Inc. [hereinafter "Ocean City Physical Therapy"], located at 13721 Coastal Highway, Ocean City, Maryland 21842.
3. At all times relevant to the charges herein, the Respondent was a physical therapist at Ocean City Physical Therapy.

Count I – Failure to Cooperate With a Lawful Board Investigation

4. On March 4, 2002, Articles of Incorporation were filed with the Maryland Department of Assessments and Taxation forming a corporation named, "Ocean City Physical Therapy, Inc."

5. The Articles of Incorporation listed the Respondent as one of two directors of the corporation Ocean City Physical Therapy, Inc.
6. On April 1, 2002, the Respondent purchased the physical therapy practice that was known as Ocean City Physical Therapy during the time relevant to the charges herein.
7. The "Sales Agreement" and "Asset Purchase Agreement" executed by the Respondent on April 1, 2002, identify the Respondent as "President" of Ocean City Physical Therapy.
8. On December 13, 2002, the Board received a complaint filed against the Respondent by Employee A,¹ a former receptionist and aide at Ocean City Physical Therapy.
9. Beginning on December 27, 2002, the Board's investigator issued several subpoenas to the Respondent requesting billing documents, treatment records, and other related items.
10. The Respondent never provided billing records in response to the subpoenas.
11. The Respondent sent an undated letter postmarked April 11, 2003, to the Board's investigator claiming: "None of the documents you have requested are in my possession, however I have forwarded a copy of the subpoena to the president of Ocean City Physical Therapy, Inc. for his response. I am neither an officer nor an employee of Ocean City Physical Therapy, Inc."
12. Employee A confirmed to the Board's investigator that the Respondent possessed the documents requested in the subpoena, as Employee A filed copies of billing

¹To ensure confidentiality, patients' and employees' names are not used in this document.

documents returned from a billing company in the patient files, along with the patient treatment records.

13. In addition, Employee C, a former billing clerk at Ocean City Physical Therapy before and during the Respondent's ownership of the practice, advised the Board's investigator that the billing documents existed, and were also retrievable from the computer billing program.
14. The Respondent's representation in her letter to the Board's investigator that none of the records requested were in her possession was a false statement based on the information provided to the Board's investigator by Employee A and Employee C.
15. The Respondent's representation in her letter to the Board's investigator that she was "neither an officer nor an employee of Ocean City Physical Therapy, Inc." was a false statement based on the information contained within the "Sales Agreement," "Asset Purchase Agreement," and the State of Maryland Articles of Incorporation.
16. As a result of the Respondent's lack of candor with the Board's investigator and her failure to supply the billing records that had been requested on multiple occasions by way of subpoena, the Board had to utilize alternative means to secure the information that it sought from the Respondent, and that the Respondent had a duty to provide to the Board.
17. The Respondent denies that she failed to cooperate with the Board's investigation and she would present evidence to support her denial, but acknowledges that the

Board possesses information to prove this Count by a preponderance of the evidence.

Count II – Fraud

18. The Board's investigator obtained the billing records from other sources, including Medicare/TriCenturion.
19. Medicare/TriCenturion provided the Board's investigator with a printed ledger containing billing records submitted to Medicare by Ocean City Physical Therapy, the Respondent, and the prior owner of Ocean City Physical Therapy.
20. Medicare billing records revealed that the Respondent frequently double billed and billed under the name of the prior owner of Ocean City Physical Therapy even though the Respondent was the physical therapist providing treatment to those patients and the prior owner had no involvement with the practice.
21. Medicare billing records also revealed that during 2002, Ocean City Physical Therapy resubmitted billings to Medicare for patient treatment that had been performed by the prior owner of the practice from 2000 – 2002 and that had already been paid by Medicare.
22. The Board's investigator further discovered that Ocean City Physical Therapy obtained a new provider number in the name of the prior owner of the practice even though that individual already had an existing provider number, and that Ocean City Physical Therapy billed under the new provider number of the prior owner of the practice for treatment that the Respondent was providing to patients.

23. The Respondent denies that she committed fraud and she would present evidence to support her denial, but acknowledges that the Board possesses information to prove this Count by a preponderance of the evidence.

Count III – Supervising an Unauthorized Person in the Practice of Physical Therapy

24. Employee A worked at Ocean City Physical Therapy from October 14, 2002, until November 22, 2002.
25. While employed at Ocean City Physical Therapy, Employee A performed the duties of a receptionist and a physical therapy aide. Employee A has never been licensed by the Board as either a physical therapist or physical therapist assistant.
26. During her employment as an aide at Ocean City Physical Therapy, Employee A performed, among other duties, the following treatments upon patients: hot packs, electrical stimulation, and therapeutic exercises.
27. Employee A performed these treatments in one treatment room while the Respondent was in another room in the building and could not see what Employee A was doing.
28. Employee B worked at Ocean City Physical Therapy from March 2002, until October 2002.
29. While employed at Ocean City Physical Therapy, Employee B performed the duties of a physical therapy aide. Employee B has never been licensed by the Board as either a physical therapist or physical therapist assistant.
30. During her employment as an aide at Ocean City Physical Therapy while it was under the ownership and operation of the Respondent, Employee B performed,

among other duties, the following treatments upon patients: hot packs, ultrasound, pad placement for electrical stimulation, and therapeutic exercises.

31. Employee B performed these treatments in one treatment room while the Respondent was in another room in the building and could not see what Employee B was doing.
32. By allowing physical therapy aids to perform treatments while not under her direct supervision, as well as treatments that an aide is prohibited from performing under COMAR 10.38.04.03² the Respondent violated H.O. § 13-316(5)(iii), H.O. § 13-316(12), H.O. § 13-316(20), and H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02A(2)(h).

Count IV – Patient Specific Allegations

33. As part of its investigation of the Respondent, the Board had an expert review treatment and billing records of patients treated by the Respondent. This review uncovered multiple violations of the Board's Act and regulations, which are detailed below.

Patient A

34. Patient A sustained a right radial head fracture from a fall while at work as a limousine driver on April 8, 2002.
35. On May 21, 2002, Patient A was initially evaluated and treated by the Respondent. Patient A was last treated by the Respondent on September 6, 2002.

² COMAR 10.38.04.03 provides that aides under the direct supervision may assist in the practice, application, or procedure of the following treatments: gait practice and ambulation, functional activities (activities of daily living), transfers, routine follow-up of specific exercises, hot or cold packs, Hubbard tank, whirlpool, contrast baths, infra-red, paraffin bath, and developmental stimulation.

36. The following violations of the Board's Act and regulations by the Respondent during her treatment of Patient A were noted by the Board's expert:

- a. No re-evaluation was present after thirty days from the initial evaluation of May 21, 2002, to show the need for further physical therapy intervention or demonstrate medical necessity, in violation of H.O. § 13-316(16), to wit, COMAR 10.38.03.02A(2)(g) and COMAR 10.38.03.02-1A(3).**
- b. Daily treatment notes lacked objective data to support further treatment after the first month of service, in violation of H.O. § 13-316(16), to wit, COMAR 10.38.03.02-1A(2);**
- c. Hi-volt electrical stimulation combined with moist heat was improperly billed under the code 97032, which requires constant attendance with direct contact by the provider, instead of code 97014, which is electrical stimulation unattended, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).**
- d. Billing charges for treatments rendered on and after July 16, 2002, were excessive and well over the worker's compensation fee schedule, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).**
- e. On several treatment dates, billing charges were inconsistent with daily treatment notes, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).**

- f. On several treatment dates, billing charges were inconsistent for the same codes, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).
- g. No license numbers were present on the initial evaluation or daily treatment notes, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(1)(i), and (2)(h).

Patient B

- 37. Patient B was diagnosed with a partial rotator cuff tear of the right shoulder and tendonitis of the right shoulder, and given a referral to Ocean City Physical Therapy on February 7, 2002.
- 38. Patient B was treated by another physical therapist from February 12, 2002, until March 7, 2002.
- 39. The Respondent treated Patient B from April 16, 2002, until May 14, 2002, and again from November 29, 2002, until December 12, 2002.
- 40. The following violations of the Board's Act and regulations by the Respondent during her treatment of Patient B were noted by the Board's expert:
 - a. No initial evaluation was performed by the Respondent when Patient B returned on April 16, 2002, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(1).
 - b. Daily treatment notes lacked the Respondent's license number during the dates of service from April 16, 2002, through May 14, 2002, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(2)(h).

- c. **Daily treatment notes lacked sufficient documentation of services provided and frequently failed to provide objective data to show progress and medical necessity for therapeutic intervention, in violation of H.O. § 13-316(16), to wit, COMAR 10.38.03.02-1A(2).**
- d. **No discharge summary was present for either May 14, 2002, or December 12, 2002, in violation of H.O. § 13-316(16), to wit, COMAR 10.38.03.02-1A(4).**
- e. **Electrical stimulation unattended was improperly billed under the code 97032, which requires constant attendance with direct contact by the provider, instead of code 97014, which is electrical stimulation unattended, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).**
- f. **On the HCFA 1500 form, the last visit to the physician is dated April 7, 2002, for dates of service from May 5, 2002, through May 14, 2002, although there was no referral after March 24, 2002, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).**
- g. **There was no last visit to physician present on the billings of the Respondent for the dates of service from November 29, 2002, through December 12, 2002, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).**
- h. **Billing charges from November 29, 2002, significantly exceeded the limiting charge of the Medicare fee schedule, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).**

Patient C

41. Patient C was diagnosed with a contusion, degenerative joint disease, medial meniscal tear, and condromalacia patella of the right knee and was given a referral on May 16, 2002.
42. Patient C received an initial evaluation from the Respondent on May 21, 2002, which demonstrated the need for medical necessity and therapeutic intervention.
43. The following violations of the Board's Act and regulations by the Respondent during her treatment of Patient C were noted by the Board's expert:
 - a. There was duplicate billing for 15 treatment dates from July 1, 2002, through October 3, 2002 (billed under "Ocean City Physical Therapy" and "Ocean City P hysical Therapy – Brenda Cameron"), in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).
 - b. No reevaluation to demonstrate the need for further physical therapy intervention was found after 30 days of treatment, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02A(2)(g) and 10.38.03.02-1A(3).
 - c. Documentation in the progress notes was frequently insufficient to support billing, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), H.O. § 13-316(20), and H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(2).
 - d. No discharge summary was present on July 18, 2002, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(4), and the discharge summary of November 6, 2002, was not comprehensive, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(4).

- e. No license numbers were present on the initial evaluation of May 21, 2002 and all progress notes, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(1)(j) and 10.38.03.02-1A(2)(i).
- f. Billing from September 12, 2002 and thereafter was excessive and significantly over the average fees for services provided, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).

Patient D

- 44. Patient D was treated by the Respondent from May 17, 2002, until December 12, 2002.
- 45. Patient D was initially treated for a fractured left calcaneus.
- 46. The following violations of the Board's Act and regulations by the Respondent during her treatment of Patient D were noted by the Board's expert:
 - a. The initial evaluation performed by the Respondent did not include treatment goals, frequency and duration of treatment, or a signature, title and license number, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(1)(g), (l), and (j).
 - b. No reevaluation was performed to justify continued physical therapy intervention beyond June 17, 2002, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02A(2)(g) and COMAR 10.38.03.02-1A(3).
 - c. On July 1, 2002, the Respondent performed manual therapy techniques to the left shoulder without an initial evaluation to demonstrate medical necessity, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(1).

- d. From July 25, 2002, and beyond, fees for service became significantly higher than the limiting charge and over and above what is usual and customary for the geographical region, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).
- e. From May 17, 2002, through September 4, 2002, documentation in the progress notes was frequently insufficient to support billing, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), H.O. § 13-316(20), and H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(2).
- f. Documentation in the progress notes was lacking in objective data and failed to support the need for continuing physical therapy intervention, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), H.O. § 13-316(20), and H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(2).
- g. Progress notes failed to include the Respondent's license number, in violation H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(2)(i).
- h. On September 5, 2002, Patient D was initially evaluated for degeneration of the cervical intervertebral disc and pain in the right shoulder and treated until December 12, 2002, but no reevaluation was done to justify continued physical therapy intervention past October 5, 2002, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02A(2)(g) and COMAR 10.38.03.02-1A(3).
- i. No discharge summary was present on December 12, 2002, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(4).

Patient E

47. Patient E was initially evaluated by the Respondent on May 16, 2002 for persistent neck pain, which pre-dated a prescription that was dated May 17, 2002.
48. The following violations of the Board's Act and regulations by the Respondent during her treatment of Patient E were noted by the Board's expert:
- a. The initial evaluation performed by the Respondent did not include a signature, title and license number, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(1)(j).
 - b. Hi-volt electrical stimulation combined with moist heat was improperly billed under the code 97032, which requires constant attendance with direct contact by the provider, instead of code 97014, which is electrical stimulation unattended, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).
 - c. Documentation in the progress notes was frequently insufficient to support billing, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), H.O. § 13-316(20), and H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(2).
 - d. Billings or charges were erratic and sometimes varied on a daily basis, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).
 - e. The Respondent did not provide her license number on the daily progress notes, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(2)(i).
 - f. No reevaluation was performed after 30 days of treatment to demonstrate the need for future physical therapy intervention, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02A(2)(g) and COMAR 10.38.03.02-1A(3).

- g. Billings were at times excessive and above the accepted norm, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).**

Patient F

- 49. Patient F was treated by the Respondent for back pain from April 5, 2002, through July 12, 2002, knee pain from July 17, 2002, through August 1, 2002, and back pain from October 1, 2002, through November 1, 2002.**
- 50. The following violations of the Board's Act and regulations by the Respondent during her treatment of Patient F were noted by the Board's expert:**
- a. Duplicate billings were present on July 30, 2002, August 1, 2002, October 1, 2002, and October 3, 2002, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).**
 - b. No reevaluations were performed, in violation of H.O. § 13-316(16), to wit, COMAR 10.38.03.02A(2)(g) and COMAR 10.38.03.02-1A(3).**
 - c. The Respondent did not provide her license number on the daily progress notes, in violation of H.O. § 13-316(16), to wit, COMAR 10.38.03.02-1A(2)(i).**
 - d. Hi-volt electrical stimulation combined with moist heat was improperly billed under the code 97032, which requires constant attendance with direct contact by the provider, instead of code 97014, which is electrical stimulation unattended, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).**

Patient G

51. Patient G was diagnosed with degenerative disc disease and given a referral on August 26, 2002.
52. Patient G was initially evaluated by the Respondent on September 6, 2002.
53. The following violations of the Board's Act and regulations by the Respondent during her treatment of Patient G were noted by the Board's expert:
 - a. There was duplicate billing for 10 treatment dates from September 10, 2002, through October 1, 2002 (billed under "Ocean City Physical Therapy" and "[name of prior owner]"), in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).
 - b. There was little objective data or objective functional status measured in the progress notes, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(2)(e).
 - c. No reevaluations were performed, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02A(2)(g) and COMAR 10.38.03.02-1A(3).
 - d. Electrical stimulation combined with moist heat was improperly billed under the code 97032, which requires constant attendance with direct contact by the provider, instead of code 97014, which is electrical stimulation unattended, in violation of H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), and H.O. § 13-316(20).
 - e. There was insufficient documentation of the exercise program that would be needed to support 15 minutes of direct one on one contact for both codes 97110 and 97112 to be billed on the same day of treatment, in violation of

H.O. § 13-316(2), H.O. § 13-316(13), H.O. § 13-316(15), H.O. § 13-316(20), and H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(2).

- f. The Respondent did not provide her license number on the daily progress notes, in violation of H.O. § 13-316(16), *to wit*, COMAR 10.38.03.02-1A(2)(i).

CONCLUSIONS OF LAW

The Board finds that the Respondent violated H.O. §§ 13-316(a)(13), (15), (16), (20) and (25), and COMAR 10.38.03.02A(2)(g)-(h) and COMAR 10.38.03.02-1A.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, and agreement of the parties, it is this 11th day of September 2004, by a majority of a quorum of the Board

ORDERED that the Respondent's license be **SUSPENDED** for a period of **TWO (2) YEARS**, which will be effective upon the Respondent's return to Maryland to practice; and be it further

ORDERED that during the suspension period, the Respondent shall:

1. Successfully complete a Board-approved law and ethics course;
2. Successfully complete a Board-approved documentation course; and be it further

ORDERED that the Respondent may petition the Board to lift the suspension after two (2) years from the effective date of the suspension provided that the Respondent has complied with the above conditions; and be it further

ORDERED that upon lifting of the suspension, the Respondent shall not own a physical therapy practice and shall not practice for an entity owned by an immediate family member of the Respondent; and be it further

ORDERED that the Respondent shall be responsible for all costs associated incurred under this Consent Order; and be it further

ORDERED that for the purposes of public disclosure, as permitted by the Maryland Public Information Act, codified at Md. State Govt. Code Ann. §§ 10-611 *et seq.* (1999 and Supp.), this document constitutes the Board's Findings of Fact, Conclusions of Law, and Order resulting from formal disciplinary proceedings.

Sept. 21, 2004
Date


Margery Rodgers, P.T., Chairperson
State Board of Physical Therapy Examiners

CONSENT OF BRENDA CAMERON, P.T.

I, Brenda Cameron, P.T., by affixing my signature hereto, acknowledge that:

1. I am entitled to and have been represented by an attorney in this matter.
2. I am aware that without my consent, my license to practice physical therapy in this State cannot be limited, except pursuant to the provisions of Md. Health Occ. Code Ann. § 13-317 (2000 and Supp.) and the Maryland Administrative Procedure Act, codified at Md. State Govt. Code Ann. §§ 10-201 *et seq.* (1999 and Supp.).
3. I am aware that I am entitled to a formal evidentiary hearing before the Board.
4. By this Consent Order, I neither admit nor deny the foregoing Findings of Fact, Conclusions of Law, and Order provided that the Board adopts the foregoing Consent Order in its entirety. I acknowledge the validity of this Consent Order as if entered into

after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections as provided by law. I acknowledge the legal authority and the jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal.

5. I voluntarily and without reservation sign this Consent Order after consulting with an attorney, and I fully understand the language, meaning, and terms of this Consent Order.

8-27-04 Brenda Q Cameron P.T.
Date Brenda Cameron, P.T.

STATE OF: NC

CITY/COUNTY OF: Hayesville / Clay

I HEREBY CERTIFY that on this 27 day of August 2004, before me, a Notary of the State of NC and the City/County of Hayesville / Clay, personally appeared Brenda Cameron, P.T., License No. 20507, and made oath in due for of law that signing the foregoing Consent Order was her voluntary act and deed, and that the statements made herein are true and correct.

AS WITNESS my hand and notarial seal.

Donna Kitchens
Notary Public

My Commission expires: 2-10-07