IN THE MATTER OF	*	**BEFORE THE MARYLAND**
SHERI PRESENT, OTR/L	*	**BOARD OF OCCUPATIONAL**
Respondent	*	**THERAPY PRACTICE**
License Number: 04298	*	**Case Number: 2005-010**

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CONSENT ORDER

On or about August 23, 2007, the Maryland State Board of Occupational Therapy Practice (the "Board") charged SHERI PRESENT, OTR/L ("Respondent"), date of birth: 2/10/59, license number: 04298, under the Maryland Occupational Therapy Practice Act, Md. Health Occ. ("H.O.") Code Ann. §§ 10-101 *et seq.* (the "Act"). The pertinent provisions of the Act, and those under which the charges were brought, are as follows:

> **H.O. § 10-315. Denials, reprimands, suspensions, and revocations – Grounds.**
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> Subject to the hearing provisions of § 10-316 of this subtitle, the Board may deny a license or temporary license to any applicant, reprimand any licensee or holder of a temporary license, place any licensee or holder of a temporary license on probation, or suspend or revoke the license or temporary license if the applicant, licensee, or holder:
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> (1) Fraudulently or deceptively obtains or attempts to obtain a license or temporary license for the applicant, licensee, or holder or for another;
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> (2) Fraudulently or deceptively uses a license or temporary license;
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> (3) Commits any act of gross negligence, incompetence, or misconduct in the practice of occupational therapy or limited occupational therapy;
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> (4) Knowingly violates any provision of this title;
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> (5) Violates any rule or regulation of the Board, including any code of ethics adopted by the Board;

(7) Aids or abets an unauthorized individual in the practice of occupational therapy or limited occupational therapy; and

(10) Willfully makes or files a false report or record in the practice of occupational therapy or limited occupational therapy.

H.O. § 10-301. License Required; exceptions.

(a) *In general.* - Except as otherwise provided in this title, an individual shall be licensed by the Board before the individual may practice occupational therapy or limited occupational therapy in this State.

H.O. § 10-401. Practicing without license.

(a) *Practicing occupational therapy.*—Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice occupational therapy in this State unless licensed to practice occupational therapy by the Board.

H.O. § 10-402. Misrepresentation – Occupational therapist.

(a) *In general.* – Unless authorized to practice occupational therapy under this title, a person may not represent to the public by title, by description of services, methods, or procedures, or otherwise, that the person is authorized to practice occupational therapy in this State.

(b) *Certain representations prohibited.* -- Unless authorized to practice occupational therapy under this title, a person may not use the credentialing abbreviation "O.T." or any other words, letters, or symbols with the intent to represent that the person practices occupational therapy.

H.O. § 10-404. Providing occupational therapy.

A person may not provide, attempt to provide, offer to provide, or represent that the person provides occupational therapy unless the occupational therapy is provided by an individual who is authorized to practice occupational therapy or limited occupational therapy under this title.

The regulations violated by the Respondent are: Md. Regs. Code ("COMAR") tit. 10, §§ 46.01.03A(1),(2) and C(1),(2), (3), (4) and (5); 46.01.04A and 46.02.01A(9), (11), (13), (14), (15) and C(2) and (4) which provide:

10.46.01.03 Supervision Requirements

A. Occupational Therapist.

(1) An occupational therapist shall exercise sound judgment and provide adequate care in the performance of duties as provided in nationally recognized standards of practice.

(2) An occupational therapist shall document client information as follows:

(a) Evaluation;
(b) Treatment program;
(c) Progress reports;
(d) Reevaluations;
(e) Discharge summaries;
(f) Verbal orders; and
(g) Clarification orders.

C. Aide.

(1) A supervising occupational therapist or occupational therapy assistant working with an aide shall provide direct supervision to the aide when the aide is performing tasks within the occupational therapy treatment program.
(2) An aide shall perform only those tasks that do not require education or training in occupational therapy.
(3) An occupational therapist or occupational therapy assistant working with an aide shall document evidence of in-service training and demonstration of skill and competence to ensure safe performance of the tasks assigned to the aid.
(4) Prescribed tasks within the treatment program that may be performed by an aide under direct supervision of an occupational therapist or occupational therapy assistant include:

(a) Transfer practice;
(b) Assisting in routine:
  (i) Functional activity,
  (ii) Functional exercise, or
  (iii) Activities of daily living (ADL) program;
(c) Applying assistive devices;
(d) Apply adaptive devices;
(e) Assisting the client with the use of assistive equipment;
(f) Assisting the client with the use of adaptive equipment;
(g) Reality orientation for the confused client; and
(h) Assisting the occupational therapist in treatment, including but not limited to:

(i) Guarding,
(ii) Positioning, and
(iii) Assisting with group and community re-entry activities.

(5) Non-treatment activities that may be performed by an aide under the direction of an occupational therapist or occupational therapy include:

(a) Clerical;
(b) Secretarial;
(c) Housekeeping;
(d) Supply maintenance;
(e) Equipment maintenance;
(f) Fabrication of straps for splinting and bracing;
(g) Holding for splinting or bracing;
(h) Fabrication of assistive devices that are not worn directly by a client;
(i) Routine transfers for transporting clients;
(j) Transporting clients; and
(k) Activities ancillary to group and individual activities.

10.46.01.04 Standards of Practice.

A. Occupational Therapist. An occupational therapist shall exercise sound judgment and provide adequate care in the performance of duties as provided in nationally recognized standards of practice.

10.46.02.01 General Conduct.

A. The licensee shall:

(9) Exercise sound professional judgment in the use of evaluation and treatment procedures;

(11) Function with discretion and integrity in relations with other health professionals;

(13) Ascertain whether all occupational therapy personnel within the facility are licensed if the licensee practices within a facility;

(14) Report to the Board a person whom the licensee believes to be performing or aiding and abetting the illegal practice of occupational therapy; and

(15) Comply with all applicable laws dealing with occupational therapy practice.

C. The licensee may not:

(2) Allow financial gain to be paramount to the delivery of service to a client; and

(4) Use, or participate in the use of, a form of communication that contains or implies a:

(b) False, fraudulent, misleading, deceptive, or unfair statement or claim.

As a result of negotiations with the Office of the Attorney General, by Kimberly S. Cammarata, Assistant Attorney General and the Respondent, by her attorney William Thrush, Esquire, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law and Order, and with the terms and conditions set forth herein.

FINDINGS OF FACT[1]

1. The Respondent initially received her license to practice occupational therapy in the State of Maryland on October 15, 1999. The Respondent renewed her license thereafter through June 30, 2004. The Respondent's license expired on June 30, 2004 and was reinstated on July 15, 2005, and remains active.

2. The Respondent practiced occupational therapy and acted as the Clinical Director of the Spectrum Center, Incorporated in Bethesda, Maryland. She began employment at the Spectrum Center in or around December 2003 and left her employment in or around October 26, 2006.

3. On or about June 3, 2005, the Board received a complaint from an employee of the Spectrum Center. The employee ("R.R."),[2] a licensed occupational therapist,

[1] The references to other persons and their acts are included for the sake of factual completeness.

advised that the owner of the Spectrum Center, Valerie DeJean, and the Respondent were practicing occupational therapy at the Spectrum Center without being licensed in the State of Maryland. The Board referred the complaint to its investigative unit.

4. The investigation revealed that the Respondent: practiced occupational therapy without a license; held herself out as a licensed occupational therapist when she was not licensed; had knowledge of and supervised others practicing occupational therapy without a license; and signed records and reports for services rendered despite being unlicensed.

5. The investigation also revealed that the Respondent recommended and supervised treatment provided to patients using a device that has been banned by the FDA from importation into the United States. The Respondent also provided diagnoses, care and treatment in an unethical, incompetent and grossly negligent manner and failed to meet recognized standards.

Unlicensed Practice by the Respondent

6. The Respondent initially received her license to practice occupational therapy in the State of Maryland on October 15, 1999. The Respondent renewed her license thereafter through June 30, 2004. The Respondent's license expired on June 30, 2004. The Respondent was unlicensed from June 30, 2004 through July 15, 2005.

7. In or around January 2005, the Respondent realized that she allowed her license to lapse and that she was unlicensed. The Respondent then submitted a renewal application to the Board which she signed on January 10, 2005.

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[2] In order to protect confidentiality certain employee names and patient names are not revealed in this document.

8. The Board notified the Respondent that she did not qualify for renewal of her license and that she needed to seek reinstatement. On or about January 31, 2005, the Board advised the Respondent that she "will not be able to practice until your license is reinstated."

9. The Respondent submitted a reinstatement application to the Board which she signed on June 6, 2005. In the application the Respondent was asked a series of questions including:

> Question 10: Have you knowingly practiced occupational therapy in the State of Maryland without an active license.

10. The Respondent answered "yes" to this question and explained that she "continued to work in an administrative position as clinical director..." and that she "did not believe that [she] was practicing as an 'OT' given my duties, which did not include providing treatment."

11. The Respondent failed to respond truthfully and accurately to this question.

12. The Respondent signed a statement that provided: "I affirm that the content of this document is true and correct to the best of my knowledge and belief."

13. The Respondent practiced occupational therapy in the State of Maryland while unlicensed and continued to do so even after "knowing" that she was unlicensed. The investigation revealed, *inter alia,* that:

a. The Respondent admitted during an investigative interview that she practiced occupational therapy while unlicensed.

b. The Respondent performed evaluations, testing, and consultations and diagnosed and made treatment recommendations while unlicensed. (*See*

Patients O, Q-U, *infra.*) She did so even after being informed that she was unlicensed. (*See,* Patients R – U, *infra.)*

c. The Respondent supervised listening therapists[3] and provided direction to them regarding occupational therapy practices while unlicensed.

d. The Respondent participated in team meetings and engaged in discussions regarding best clinical practices in general and specifically regarding the treatment rendered to individual patients. She also offered clinical insight, direction and supervision to the listening therapists regarding treatment interventions. She did so while unlicensed.

e. The Respondent's name, followed by OTR and signature was present on some Spectrum Center records, including Reports of Services, while the Respondent was unlicensed.

14. The Respondent held herself out as an occupational therapist when she was not licensed to do so. She did so with staff, parents, patients, colleagues, on literature, office stationary, and otherwise.

Supervision/Aiding the Unlicensed Practice of Others

15. The Respondent, as clinical director, supervised unlicensed persons to practice occupational therapy. The Respondent supervised listening therapists to engage patients in sensory motor activities and other activities the Respondent acknowledged were occupational therapy practices. The listening therapists engaged patients in activities to improve tactile awareness and increased skills and gross motor, fine motor, balance, crossing the midline, visual perception, communication and social interaction.

[3] The Spectrum Center used unlicensed persons to provide treatment, including occupational therapy, to patients. These persons were called "listening therapists."

The listening therapists noted assessments of the daily patient sessions in the chart and provided feedback to the parents, including consultations. The listening therapists were not licensed to practice occupational therapy or limited occupational therapy.

Negligence, Incompetence, Misconduct

16. The Respondent evaluated, diagnosed, and treated patients who presented to the Spectrum Center. The Board randomly selected patient charts from the Spectrum Center and a survey of those randomly selected charts revealed that virtually every patient had the same diagnosis, goals and treatment plan regardless of presenting problems and current level of performance. The Respondent recommended and provided the identical initial treatment program with the Tomatis Electronic Ear[4] combined with sensory motor activities to each patient who presented to the Center regardless of their current condition. The Respondent acknowledged in her interview with Board staff that every child who is evaluated at the Center is given the same treatment recommendation.

17. The Respondent failed to appropriately document and carry out the evaluation, treatment plan, progress, re-evaluation and discharge summary. In most instances, re-evaluations were not conducted or, when conducted, they were not properly documented and discharge summaries were not present. The Respondent recommended and supervised treatment rendered to patients with devices that have

[4] A device developed by Dr. Alfred Tomatis, a French physician, which is claimed to reprogram the ear, via sound stimulation, in order to improve its functioning. On the Spectrum Center website it is described as a "device designed to retrain the ear by stimulating the ear muscles and replicating sounds heard *in utero*. Using classical music and recordings of the child's mother's voice, the Electronic Ear fosters the ear's natural listening function." The device has been banned by the FDA from importation into the United States.

been banned by the FDA for importation into the United States and that have not been determined to have clinical efficacy.

18. The Respondent signed off on and provided reports to the patients noting codes and services usually covered by insurance. The Respondent intentionally omitted references to the Tomatis Method.

Patient-Specific Allegations[5]

Patient O

19. Patient O, a then 4 year, 8 month old male, presented to the Spectrum Center on 10/28/04 for an evaluation. The patient's presenting problems were described by his mother as: does not interact in a group setting and that he was diagnosed with a mild case of PDD-NOS[6] and hyperlexia. The patient was evaluated by the Respondent using non-standardized clinical observations which consisted of a questionnaire and a performance checklist.

20. Following the evaluation, a report was generated and signed by the Respondent and Valerie DeJean and it noted that Patient O presented with the following: depressed processing in the vestibular system (386.50); an underlying sensory integration and listening disorder that is resulting in a higher order praxis disorder characterized by general motor apraxia (749.69); hypotonia/motor incoordination (781.0); and an auditory processing disorder resulting in abnormal auditory perception (388.40).

21. It was highly recommended that Patient O attend the combined sensory integration/listening training program consisting of 31 sessions of therapy consisting of

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[5] The Board randomly selected large numbers of patient records for review. From those records another random sampling was selected for more specific review.

[6] Pervasive Developmental Disorder - Not Otherwise Specified

sensory motor activities, filtered and unfiltered music and speech. The 31 sessions were broken down as follows:

15 day intensive followed by a 4-6 week break
8 day intensive followed by a 4-6 week break
8 day intensive.

The treatment was recommended to enhance vestibular processing, enhance praxis and enhance auditory perception and processing. The cost of the recommended treatment was $ 3000.00 for the first intensive, $ 1600.00 for the second intensive and $ 1600.00 for the third intensive.

22. The patient was provided with the recommended treatment program, including an extra intensive at an additional cost of $1600.00. The Respondent provided consultations during the treatment program and recommended the additional treatment. There was no documentation in the record related to re-evaluation. No discharge summary was present.

23. The Respondent supervised, indirectly, the listening therapists who provided the occupational therapy to the patient. The occupational therapy was not provided by a licensed occupational therapist but by listening therapists.

24. The billing records also reflected that an occupational therapy evaluation, history and physical examination, code 97003, was conducted. This evaluation was conducted by the Respondent when she was unlicensed. However, Valerie DeJean, OTR/L signed this billing slip, and not the Respondent.

25. Additional records, including the Initial Evaluation Form, Report of Initial Assessment, and Consultation Notes were contained in the chart noting that the Respondent was practicing without a license.

Patient P

26. Patient P, a then 1 year, 11 month old male, presented to the Spectrum Center on 3/4/04 for an evaluation. The patient's presenting problems were described by his mother as: not connecting meanings to words. The patient had been evaluated elsewhere with no prior diagnoses. The patient was evaluated by A.H., another employee at the Spectrum Center, using non-standardized clinical observations which included a questionnaire and a performance checklist.

27. Following the evaluation, a report was generated and signed by the Respondent, A.H. and Valerie DeJean and it noted that Patient P presented with the following: an underlying sensor integration and listening disorder that may be attributed to depressed processing in the vestibular system (386.50); a higher order praxis disorder characterized by general motor apraxia (784.69); and an auditory processing disorder resulting in abnormal auditory perception (388.40).

28. It was highly recommended that Patient O attend the combined sensory integration/listening training program consisting of 31 sessions of therapy consisting of sensory motor activities, filtered and unfiltered music and speech. The 31 sessions were broken down as follows:

15 day intensive followed by a 4-6 week break
8 day intensive followed by a 4-6 week break
8 day intensive.

The treatment was recommended to enhance vestibular processing, enhance praxis and enhance auditory perception and processing. The cost of the recommended treatment was $ 3000.00 for the first intensive, $ 1600.00 for the second intensive and $ 1600.00 for the third intensive.

29. The patient was provided with the recommended treatment program, including 3 extra intensives at an additional cost of $1600.00 each. The Respondent provided consultations during the treatment program and recommended the additional treatment. There was no documentation in the record related to re-evaluation. No discharge summary was present.

30. The Respondent indirectly supervised the listening therapists who provided the occupational therapy to the patient. The occupational therapy was not provided by a licensed occupational therapist but by listening therapists.

31. Additional records, including the Report of Initial Assessment and Consultation Note, signed by the Respondent, were contained in the chart indicating that the Respondent was practicing without a license.

Patient Q

32. Patient Q, a then 5 year, 8 month old male, presented to the Spectrum Center on 1/25/05 for an evaluation. The patient's presenting problems were described by his mother as: being unable to sit still and a hard time listening and paying attention. Evaluations were conducted by the Respondent using both non-standardized clinical observations and standardized assessment tools which included a questionnaire, performance checklist, Beery VMI, Tomatis listening test, and SCAN C. Results were not consistently reported in the form of standard scores.

33. Following the administration of the tests, a report was generated and signed by the Respondent and Valerie DeJean and it noted that Patient Q presented with the following: an underlying sensory integration and listening disorder that is resulting in vestibular dysfunction; a higher order praxis disorder characterized by general motor

apraxia; and an auditory processing disorder that is resulting in abnormal auditory perception.

34. It was highly recommended that Patient Q attend the combined sensory integration/listening training program consisting of 31 sessions of therapy consisting of sensory motor activities, filtered and unfiltered music and speech. The 31 sessions were broken down as follows:

15 day intensive followed by a 4-6 week break
8 day intensive followed by a 4-6 week break
8 day intensive.

The treatment was recommended to enhance praxis, enhance auditory perception and processing and to enhance vestibular functions. The cost of the recommended treatment was $ 3000.00 for the first intensive, $ 1600.00 for the second intensive and $ 1600.00 for the third intensive.

35. The patient was provided with the recommended treatment program. The Respondent provided consultations during the treatment program and recommended additional treatment. There was no documentation in the record related to re-evaluation. No discharge summary was present.

36. The Respondent indirectly supervised the listening therapists who provided the occupational therapy to the patient. The occupational therapy was not provided by a licensed occupational therapist but by listening therapists.

37. The billing records also reflected that an occupational therapy evaluation, history and physical examination, code 97003, was conducted. This evaluation was conducted by the Respondent when she was unlicensed. However, R.R. signed this billing slip, not the Respondent.

38. Additional records, including the Initial Evaluation Form and Consultation Notes, signed by the Respondent, were contained in the chart noting that the Respondent was practicing without a license.

Patient R

39. Patient R, a then 3 year old male, presented to the Spectrum Center on 4/3/05 for an evaluation. The patient's presenting problem was described by his mother as: language delayed, but now doing wonderfully after speech therapy but needing work with articulation and enunciation. Evaluations were conducted by the Respondent using both non-standardized clinical observations and standardized assessment tools which included a questionnaire and performance checklist. Results were not consistently reported in the form of standard scores.

40. Following the administration of the tests, a report was generated and signed by the Respondent and Valerie DeJean and it noted that Patient R presented with the following: inadequate processing in the vestibular system; an underlying sensory integration issue resulting in a higher order praxis disorder characterized by oral motor apraxia and hypotonicity/motor incoordination; and an auditory processing disorder that is resulting in inefficient auditory perception.

41. It was recommended that Patient R attend the combined sensory integration/listening training program consisting of 31 sessions of therapy consisting of sensory motor activities, filtered and unfiltered music and speech. The 31 sessions were broken down as follows:

15 day intensive followed by a 4-6 week break
8 day intensive followed by a 4-6 week break
8 day intensive.

The treatment was recommended to enhance praxis, enhance auditory perception and processing and to enhance vestibular processing. The cost of the recommended treatment was $ 3000.00 for the first intensive, $ 1600.00 for the second intensive and $ 1600.00 for the third intensive. The patient did not return for treatment.

42. The billing records also reflected that an occupational therapy evaluation, history and physical examination, code 97003, was conducted. This evaluation was conducted by the Respondent when she was unlicensed. However, R.R. signed this billing slip and not the Respondent.

43. The Initial Evaluation Form was completed by the Respondent while she was unlicensed.

Patient S

44. Patient S, a then 5 year, 4 month old female, presented to the Spectrum Center on 4/14/05 for an evaluation. The patient's mother advised that her child did not talk. A diagnosis of autism was noted in the record. Evaluations were conducted by the Respondent using both non-standardized clinical observations including a questionnaire and a performance checklist.

45. Following the administration of the tests, a report was generated and signed by the Respondent and Valerie DeJean and it noted that Patient S presented with the following: an underlying sensory integration and listening disorder that is resulting in inefficient processing in the vestibular system; a higher order praxis disorder resulting in oral motor apraxia; and a disorder of the vestibular system.

46. It was highly recommended that Patient S attend the combined sensory integration/listening training program consisting of 31 sessions of therapy consisting of

sensory motor activities, filtered and unfiltered music and speech. The 31 sessions were broken down as follows:

15 day intensive followed by a 4-6 week break
8 day intensive followed by a 4-6 week break
8 day intensive.

The treatment was recommended to enhance vestibular processing, enhance praxis and to enhance auditory perception and processing. The cost of the recommended treatment was $ 3000.00 for the first intensive, $ 1600.00 for the second intensive and $ 1600.00 for the third intensive.

47. The patient was provided with the recommended treatment program. The Respondent provided consultations during the treatment program and recommended additional treatment. There was no documentation in the record related to re-evaluation. No discharge summary was present.

48. The Respondent indirectly supervised the listening therapists who provided the occupational therapy to the patient. The billing slips provided to the patient's parent(s) for insurance reimbursement were signed by R.R., T.M and the Respondent. The occupational therapy was not provided by a licensed occupational therapist but by listening therapists. The billing codes used, 97110 (therapeutic exercise), 97112 (neuromuscular reeducation) and 97530 (therapeutic activities), require direct, one-on-one therapist-patient contact. The therapy provided was not provided as direct, one-on-one contact. The billing records did not reference the listening training program.

49. The billing records also reflected that an occupational therapy evaluation, history and physical examination, code 97003, was conducted. This evaluation was conducted by the Respondent when she was unlicensed. R.R. signed this billing slip.

50. Additional records, including the Initial Evaluation Form and Consultation Notes, signed by the Respondent, were contained in the chart noting that the Respondent was practicing without a license.

Patient T

51. Patient T, a then 5 year, 4 month old male, presented to the Spectrum Center on 4/14/05 for an evaluation. The patient's presenting problems were described by his mother as: autistic/PDD and hypotonic motor planning disorder. Evaluations were conducted by the Respondent using both non-standardized clinical observations and standardized assessment tools which included a questionnaire and performance checklist.

52. Following the administration of the tests, a report was generated and signed by the Respondent and Valerie DeJean and it noted that Patient T presented with the following: an underlying sensory integration and listening disorder that is resulting in higher order praxis disorder resulting in general motor apraxia and hypotonia/motor incoordination; and an auditory processing disorder that is resulting in abnormal auditory perception.

53. It was highly recommended that Patient T attend the combined sensory integration/listening training program consisting of 31 sessions of therapy consisting of sensory motor activities, filtered and unfiltered music and speech. The 31 sessions were broken down as follows:

15 day intensive followed by a 4-6 week break
8 day intensive followed by a 4-6 week break
8 day intensive.

The treatment was recommended to enhance vestibular processing, enhance praxis and to enhance auditory perception and processing. The cost of the recommended treatment was $ 3000.00 for the first intensive, $ 1600.00 for the second intensive and $ 1600.00 for the third intensive.

54. The patient was provided with the recommended treatment program. The Respondent provided consultations during the treatment program and recommended additional treatment. There was no documentation in the record related to re-evaluation. No discharge summary was present.

55. The Respondent indirectly supervised the listening therapists who provided the occupational therapy to the patient. The occupational therapy was not provided by a licensed occupational therapist but by listening therapists.

56. The billing records also reflected that an occupational therapy evaluation, history and physical examination, code 97003, was conducted. This evaluation was conducted by the Respondent when she was unlicensed. However, R.R. signed this billing slip, and not the Respondent.

57. Additional records, including the Initial Evaluation Form and Consultation Notes, signed by the Respondent, were contained in the chart noting that the Respondent was practicing without a license.

Patient U

58. Patient U, a then 8 year, 11 month old male, presented to the Spectrum Center on 3/28/05 for an evaluation. The patient's presenting problems were described by his mother as: a sensory disorder; reading comprehensive difficulty; expressive language difficulties; and explosive, defiant behavior. Evaluations were conducted by the

Respondent using both non-standardized clinical observations and standardized assessment tools which included a questionnaire, performance checklist, Tomatis listening test, SSW, SCAN C, LAC Beery VMI, and phonemic synthesis test. Results were not consistently reported in the form of standard scores.

59. Following the administration of the tests, a report was generated and signed by the Respondent and Valerie DeJean and it noted that Patient U presented with the following: an underlying sensory integration and listening disorder that is resulting in some difficulties with an auditory processing disorder; and a mild praxis disorder.

60. It was highly recommended that Patient U attend the combined sensory integration/listening training program consisting of 31 sessions of therapy consisting of sensory motor activities, filtered and unfiltered music and speech. The 31 sessions were broken down as follows:

15 day intensive followed by a 4-6 week break
8 day intensive followed by a 4-6 week break
8 day intensive.

The treatment was recommended to enhance vestibular functions, enhance praxis and to enhance auditory perception and processing. The patient did not return for treatment. The cost of the recommended treatment was $ 3000.00 for the first intensive, $ 1600.00 for the second intensive and $ 1600.00 for the third intensive.

61. The billing records also reflected that an occupational therapy evaluation, history and physical examination, code 97003, was conducted. This evaluation was conducted by the Respondent when she was unlicensed. However, R.R. signed this billing slip and not the Respondent.

62. The Respondent's conduct, *inter alia,* of: practicing occupational therapy and holding herself out as an occupational therapist while unlicensed; overseeing as Clinical Director a practice where unlicensed persons provided much of the occupational therapy treatment; allowing others to practice while unlicensed; signing billing record(s) for care provided by unlicensed persons and noting that the care was provided in a direct, one-on-one fashion when it was provided in a group setting; recommending and supervising treatment provided to patients with a device with no proven efficacy and which has been banned from importation into the United States; providing the same or similar diagnoses and treatment plan to every presenting patient despite presenting problems and current level of performance; failure to provide adequate occupational therapy evaluations, treatment, reevaluation and discharge; intentional omission of references to listening therapy in billing invoices; and failure to respond truthfully and accurately to licensure application questions, constitutes violations of the statutes and regulations referenced herein.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes that the Respondent violated H. O. § 10-315 as follows:

> (1) Fraudulently or deceptively obtains or attempts to obtain a license or temporary license for the applicant, licensee, or holder or for another;
>
> (3) Commits any act of gross negligence, incompetence, or misconduct in the practice of occupational therapy or limited occupational therapy;
>
> (4) Knowingly violates any provision of this title;
>
> (5) Violates any rule or regulation of the Board, including any code of ethics adopted by the Board;