STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH

In re: Leonard W. Skope, D.D.S. Petition No. 2015-144

CONSENT ORDER

WHEREAS, Leonard W. Skope of New Haven, Connecticut (hereinafter "respondent") has been issued license number 005198 to practice dentistry by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 379 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. At all relevant times, respondent worked as a dentist at Oral and Maxillofacial Surgery Associates of Greater New Haven in New Haven, Connecticut ("the office"). On or about July 26, 2013, respondent treated a minor Patient #1 at the office. Respondent’s care for Patient #1 failed to meet the standard of care in that respondent mistakenly extracted tooth #22 from Patient #1 when it should not have been removed.

2. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-114, including, but not limited to §20-114(a)(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the State Dental Commission (hereinafter "the
Commission"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-114 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-114 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives his right to a hearing on the merits of this matter.

2. Respondent's license number 005198 to practice as a dentist in the State of Connecticut is hereby reprimanded.

3. Respondent shall pay a civil penalty of two thousand dollars ($2,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.

4. Respondent shall comply with all state and federal statutes and regulations applicable to his licensure.

5. Respondent shall pay all costs necessary to comply with this Consent Order.

6. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.

7. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Commission.

8. Respondent agrees that this Consent Order shall be deemed a public document, and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Commission in which his compliance with this Consent Order or with §20-114 of the General Statutes of Connecticut, as amended, is at issue.
Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.

9. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent understands that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that he may have under the laws of the State of Connecticut or of the United States.

10. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.

11. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Commission. Respondent understands that the Commission has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Commission’s discussions regarding whether to approve or reject this Consent Order and/or a Commission member’s participation during this process, through the Commission member’s review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a Statement of Charges resulting in a proposed
decision by the Commission and/or a panel of the Commission and a final decision by the Commission.

12. Respondent has the right to consult with an attorney prior to signing this document.

13. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.

14. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.
I, Leonard W. Skope, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

[Signature]
Leonard W. Skope

Subscribed and sworn to before me this 16th day of July 2016.

[Signature]
Notary Public or person authorized by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 22nd day of August 2016, it is hereby accepted.

[Signature]
Christian D. Andresen, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the State Dental Commission on the 28th day of September 2016, it is hereby ordered and accepted.

[Signature]
State Dental Commission