

**STATE OF RHODE ISLAND AND  
PROVIDENCE PLANTATIONS**

**DEPARTMENT OF HEALTH**

**OFFICE OF HEALTH PROFESSIONS  
REGULATION**

**In the Matter of:  
DAVID JASINSKI  
License Number NHA00877  
Complaint Number C12-1018**

**CONSENT ORDER**

Pursuant to R.I. Gen. Laws §§ 5-45-12 and -13 and the Rules and Regulations promulgated thereunder, the Rhode Island Department of Health (hereinafter "Department"), after review and consultation with the Board of Examiners for Nursing Home Administrators, has investigated a complaint charging David Jasinski, License Number NHA00877 (hereinafter "Respondent") with a civil violation of R.I. Gen. Laws § 5-45-12. After consideration by the Department, the following constitutes the Findings of Fact with respect to the professional performance of the Respondent:

1. Respondent at the time of the complaint was a Nursing Home Administrator licensed to practice in the State of Rhode Island.
2. That all times pertinent to this complaint, Respondent was employed by Cortland Place, a nursing home located in Greenville, Rhode Island.

3. On or about November 9, 2012, a Federal Survey was conducted. The facility was found to be not in substantial compliance with the Medicare and/or Medicaid program participation requirements regarding patient health and safety. The survey found deficiencies greater than the Rhode Island average, with deficiencies found to be at a substandard quality of care, scope and severity.
4. Respondent filed a Statement of Compliance on November 28, 2012, three weeks after the deficiencies were found. Upon re-inspection by the Department, such compliance was verified.
5. Based on his role as Nursing Home Administrator, he is accountable for such deficiencies in paragraph three (3) and as such they constitute a civil violation of §§ 5-45-12 and -13 and the Rules and Regulations promulgated thereunder.

**Based on the foregoing, the parties agree as follows:**

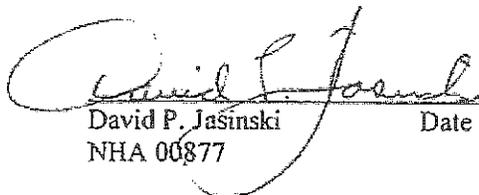
1. Respondent at all pertinent times to this complaint was licensed as a Nursing Home Administrator under license number NHA00877.
2. Respondent allowed his license to expire on June 30, 2014, because he no longer desired to work in Rhode Island.
3. Respondent admits to the jurisdiction of the Department and hereby agrees to remain under the jurisdiction of the Department.

**DAVID P. JASINSKI**  
**Consent Order**  
**Page 3 of 4**

4. Respondent has read this Consent Order and understands that it is a proposal of the Board and is subject to the final approval of the Department. This Consent Order is not binding on Respondent until signed by the Department.
5. Respondent hereby acknowledges and waives:
  - a. The right to appear personally or by counsel or both before the Department;
  - b. The right to produce witnesses and evidence on Respondent's behalf at a hearing;
  - c. The right to cross-examine witnesses;
  - d. The right to have subpoenas issued by the Department;
  - e. The right to further procedural steps except for those specifically contained herein;
  - f. Any and all rights of appeal of this Consent Order;
  - g. Any objection to the fact that this Consent Order will be presented to the Department for consideration and review;
  - h. Any objection to the fact that it will be necessary for the Department to become acquainted with all evidence pertaining to this matter in order to review adequately this Consent Order;
  - i. Any objection to the fact that potential bias against the Respondent may occur as a result of the presentation of this Consent Order.

6. Respondent agrees never to seek reinstatement of his now-expired Nursing Home Administrator license in Rhode Island.
7. Respondent waives the right to any future hearing in the event that he requests reinstatement of his now-expired Nursing Home Administrator license in Rhode Island and in the event the Department of Health denies such request.
8. This Order shall remain in full force and effect.
9. Respondent hereby agrees to this Reprimand.

I hereby give my consent to the terms of this order.

  
David P. Jasinski                      Date  
NHA 00877

I hereby recommend the terms of this Consent Order to the Director of Health.

  
Catherine Warren, Esquire                      Date  
Assigned Administrative Hearing Officer

I hereby accept the Recommendation of the Administrative Hearing Officer ratify this order.

  
Leonard B. Green, MPS                      Date  
Delegated Authority for  
Michael Fine, M.D.  
Director of Health