Eff 02/16/12

MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, maintaining and improving the health of all Minnesotans

December 9, 2011

Ms. Debra Kay Donahue

RE: MDH File Number: OTC12015

Dear Ms. Donahue:

Based on the facts and law in this matter as described in the enclosed Staff Determination, the Minnesota Department of Health (MDH) has determined that you violated an MDH disciplinary order by your discharge from the Health Professionals Services Program (HPSP) for non-compliance, which is a violation of Minnesota Statutes, section 148.6448, subdivision 1(22). Therefore, MDH is suspending your conditional occupational therapy license. You may request reinstatement of your conditional license at any time by following the steps outlined in the enclosed Determination.This action is authorized under Minnesota Statutes, section 148.6448, subdivision 3(4).

If you choose not to request reinstatement of your conditional license and re-enroll with HPSP, this decision will be made final and effective 30 days from the date it is received by you. During that 30-day period, you have the right to challenge this decision in a contested-case hearing, as provided under Minnesota Statutes, Chapter 14. Requests for a hearing should be made in writing and include specific grounds for challenging the Department's decision. If you wish to request a hearing, please send a written hearing request, within 30 days of your receipt of this letter, to:

Tom Hiendlmayr, Director of the Health Occupations Program
Minnesota Department of Health
PO Box 64882
Saint Paul, MN 55164-0882

You may also deliver your request to 85 East Seventh Place, Suite 220, Saint Paul, MN; or fax it to Mr. Hiendlmayr at (651)201-3839. If you have any questions about this matter, please contact Kyle Renell at (651)201-3727.

Sincerely,

Darcy Miner, Director
Compliance Monitoring Division

Enclosure

cc: Tom Hiendlmayr, Director of the Health Occupations Program

HEALTH OCCUPATIONS PROGRAM
MINNESOTA DEPARTMENT OF HEALTH

A Determination In the Matter of
Debra Kay Donahue
Occupational Therapy Practitioner

AUTHORITY

1. The Minnesota Department of Health (MDH) has the authority to discipline Occupational Therapists for violations of Minnesota Statutes, section 148.6448. Pursuant to Minnesota Statutes, section 148.6448, subdivision 3, the types of discipline MDH may impose includes suspension of licensure.

2. Pursuant to Minnesota Statutes, section 148.6448, subdivision 1(22), violation of a federal or state court order, including a conciliation court judgment, or a disciplinary order issued by the commissioner, related to the person's occupational therapy practice, is a ground for disciplinary action.

FINDINGS OF FACT

1. Debra Kay Donahue [hereinafter "Practitioner"] was licensed as an occupational therapist from June 1, 2000, to February 28, 2002; from June 8, 2005, through December 9, 2008; and since October 21, 2009. Her license is currently due to expire on February 29, 2012.

2. By letter and Determination dated October 16, 2009, and made effective on October 19, 2009, Practitioner was issued a Conditional license. The conditions on Practitioner's license included enrollment and participation in the Health Professionals Services Program (HPSP). Pursuant to the October 16th Determination, Practitioner could apply for removal of the condition upon her successful completion of HPSP.

3. By facsimile dated November 10, 2011, HPSP staff advised that Practitioner had been discharged from HPSP for "non-compliance."

CONCLUSION

1. Practitioner violated a disciplinary order issued by the commissioner and related to the person's occupational therapy practice by her discharge from HPSP for "non-compliance," which is a ground for disciplinary action under Minnesota Statutes, section 148.6448, subdivision 1(22).

DETERMINATION

1. Practitioner's license is hereby suspended.

2. Practitioner may request reinstatement of her conditional license at any time. To have her conditional license reinstated, Practitioner must:

   A. Make a written request for reinstatement of her conditional license, addressed to the Director of the Health Occupations Program, Minnesota Department of Health, PO Box 64882, Saint Paul, MN 55164-0882; and

   B. Have her treating psychiatrist submit a statement, attesting to Practitioner's safety to practice. The statement must be on the psychiatrist's letterhead and be sent by the psychiatrist directly to: Director of the Health Occupations Program, Minnesota Department of Health, PO Box 64882, Saint Paul, MN 55164-0882.

3. Upon notification of the reinstatement of her conditional license, Practitioner will:

   A. Contact HPSP within 15 days of receipt of notification of her conditional licensure;

   B. Re-enroll in HPSP and cooperate with all requirements and instructions of HPSP staff; and

   C. Not pursue any occupational therapy employment until she is cleared to do so by HPSP staff.

4. Practitioner may apply for removal of the condition upon completion of the HPSP program. Said request must be written and include documentation from HPSP of Practitioner's successful completion of the program.

Eff. 10/19/09

MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, maintaining and improving the health of all Minnesotans

October 16, 2009

Ms. Debra Kay Donahue

RE: MDH File Number: OTA10002

Dear Ms. Donahue:

Based on the facts and law in this matter as described in the enclosed Staff Determination, the Minnesota Department of Health (MDH) has determined that you have satisfied the requirements for a conditional license as set forth in the Determination made effective December 9, 2008. Therefore, the Department hereby approves the issuance of a conditional license to practice occupational therapy. This action is authorized pursuant to Minnesota Statutes, section 148.6448, subdivision 3(2). This license is conditioned upon your enrollment in the Health Professionals Services Program (HPSP). You must contact HPSP at (651)643-2120 within **15 days** of receipt of this letter.

This decision will be made final and effective 30 days from the date it is received by you. During that 30-day period, you have the right to challenge this decision in a contested-case hearing, as provided under Minnesota Statutes, Chapter 14. Requests for a hearing should be made in writing and include specific grounds for challenging the Department's decision. If you wish to request a hearing, please send a written hearing request, within 30 days of your receipt of this letter, to:

Tom Hiendlmayr, Director of the Health Occupations Program
Minnesota Department of Health
PO Box 64882
Saint Paul, MN 55164-0882

You may also deliver your request to 85 East Seventh Place, Suite 220, Saint Paul, MN; or fax it to Mr. Hiendlmayr at (651)201-3839. If you have any questions about this matter, please contact Kyle Renell at (651)201-3727.

Sincerely,

Darcy Miner

Darcy Miner, Director
Compliance Monitoring Division

Enclosure

cc: Tom Hiendlmayr, Director of the Health Occupations Program

HEALTH OCCUPATIONS PROGRAM
MINNESOTA DEPARTMENT OF HEALTH

A Determination In the Matter of
Debra Kay Donahue
Occupational Therapy Practitioner

AUTHORITY

1. The Minnesota Department of Health (MDH) has the authority to discipline Occupational Therapists for violations of Minnesota Statutes, section 148.6448. Pursuant to Minnesota Statutes, section 148.6448, subdivision 3, the types of discipline MDH may impose include approval of licensure with conditions.

2. Pursuant to Minnesota Statutes, section 148.6448, subdivision 1(3), performance of occupational therapy services in an incompetent manner or in a manner that falls below the community standard of care is a ground for disciplinary action.

3. Pursuant to Minnesota Statutes, section 148.6448, subdivision 1(6), failure to perform services with reasonable judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental impairment is a ground for disciplinary action.

FINDINGS OF FACT

1. Debra Kay Donahue [hereinafter "Practitioner"] was licensed as an occupational therapist from June 1, 2000, to February 28, 2002; and from June 8, 2005, through December 9, 2008.

2. By letter and Determination dated November 26, 2008, Practitioner's license was suspended, based on a determination that Practitioner had provided occupational therapy services in an incompetent manner and one which falls below the community standard of care in violation of Minnesota Statutes, section 148.6448, subdivision 1(3); and had failed to perform services with reasonable judgment, skill, or safety due to mental impairment, in violation of Minnesota Statutes, section 148.6448, subdivision 1(6). The Determination was made effective as of December 9, 2008, and provided Practitioner an opportunity to request a conditional license upon satisfaction of the following:

> "Practitioner must have her treatment professionals attest to her safety to practice, including but not limited to documentation of continuous medication compliance. All documentation from Practitioner's treatment professionals must be sent directly to the Health Occupations Program of MDH. Said documentation must be on the treatment professionals' official letterhead."

3. By letter dated August 27, 2009, Roger A. Johnson, MD, stated that he had seen Practitioner for the past six months and that Practitioner is "able to resume her career of occupational therapy."

4. By letter dated September 1, 2009, Practitioner requested a conditional license to practice occupational therapy. Practitioner included with her request copies of letters from her social worker and her vocational counselor. The social worker stated Practitioner had followed through with "all the supports that have been offered to her" including support groups, job support, and a team nurse who assisted with medication compliance. The vocational counselor concluded that, based on working with Practitioner for two years, the Practitioner has been "maintaining her mental health along with her physical health", is "very dependable and appreciates all the supports that are given to her by her team." The vocational counselor also stated that she would continue to meet with Practitioner on a weekly basis "to help her be successful in her career."

5. On September 18, 2009, Credentialing staff mailed a renewal application packet to Practitioner. The completed application was received from Practitioner on September 23, 2009. Practitioner provided her updated information and correctly answered "yes" to questions related to the disciplinary action taken against her. Practitioner indicated she had not worked as an occupational therapist since November 6, 2008.

CONCLUSION

1. Practitioner has met all requirements for a conditional license.

DETERMINATION

1. That Practitioner be issued a conditional occupational therapist license with the following condition:

   A. Practitioner will contact the Health Professionals Services Program (HPSP) within 15 days of receipt of this Determination;

   B. Practitioner will re-enroll in HPSP and cooperate with all requirements and instructions of HPSP staff; and

   C. Practitioner will not pursue any occupational therapy employment until she is cleared to do so by HPSP staff.

2. Practitioner may apply for removal of the condition upon completion of the HPSP program. Said request must be written and include documentation from HPSP of Practitioner's successful completion of the program.

Effective 12-09-08.

MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, maintaining and improving the health of all Minnesotans

November 26, 2008

Ms. Debra Kay Donahue

RE: MDH File Number: OTC09004

Dear Ms. Donahue:

Based on the facts and law in this matter as described in the enclosed Staff Determination, the Minnesota Department of Health (MDH) has determined that you provided occupational therapy services in an incompetent manner and one which falls below the community standard of care, in violation of Minnesota Statutes, section 148.6488, subdivision 1(3); and that you failed to perform services with reasonable judgment, skill, or safety due to mental impairment, in violation of Minnesota Statutes, section 148.6448, subdivision 1(6). Therefore, MDH is suspending your occupational therapy license. You may re-apply for a conditional license once your treatment providers provide evidence that you are safe to practice and that evidence is sent directly to staff of the Health Occupations Program of MDH. This action is authorized under Minnesota Statutes, section 148.6448, subdivision 3.

This decision will be made final and effective 30 days from the date it is received by you. During that 30-day period, you have the right to challenge this decision in a contested-case hearing, as provided under Minnesota Statutes, Chapter 14. Requests for a hearing should be made in writing and include specific grounds for challenging the Department's decision. If you wish to request a hearing, please send a written hearing request, within 30 days of your receipt of this letter, to:

Tom Hiendlmayr, Director of the Health Occupations Program
Minnesota Department of Health
PO Box 64882
Saint Paul, MN 55164-0882

You may also deliver your request to 85 East Seventh Place, Suite 220, Saint Paul, MN; or fax it to Mr. Hiendlmayr at (651)201-3839. If you have any questions about this matter, please contact Kyle Renell at (651)201-3727.

Sincerely,

Darcy Miner, Director
Compliance Monitoring Division

Enclosure

cc: Tom Hiendlmayr, Director of the Health Occupations Program

HEALTH OCCUPATIONS PROGRAM
MINNESOTA DEPARTMENT OF HEALTH

A Determination In the Matter of
Debra Kay Donahue
Occupational Therapy Practitioner

AUTHORITY

1. The Minnesota Department of Health (MDH) has the authority to discipline Occupational Therapists for violations of Minnesota Statutes, section 148.6448. Pursuant to Minnesota Statutes, section 148.6448, subdivision 3, the types of discipline MDH may impose include suspension and the imposition of conditions on a practitioner's license.

2. Pursuant to Minnesota Statutes, section 148.6448, subdivision 1(3), performance of occupational therapy services in an incompetent manner or in a manner that falls below the community standard of care is a ground for disciplinary action.

3. Pursuant to Minnesota Statutes, section 148.6448, subdivision, 1(6), failure to perform services with reasonable judgment, skill, or safety due to the use of alcohol or drugs, or other physical or mental impairment is a ground for disciplinary action.

FINDINGS OF FACT

1. Debra Kay Donahue [hereinafter "Practitioner] has been licensed as an occupational therapist from June 1, 2000, to February 28, 2002; and from June 8, 2005, through the present. Practitioner's license is currently due to expire on February 28, 2010.

2. By facsimile dated November 20, 2008, and received the same day, Health Professionals Services Program (HPSP) staff notified MDH Investigations and Enforcement (I&E) staff that Practitioner had been discharged from the HPSP program. HPSP staff related the following:

   A. Practitioner self-reported to HPSP on June 20, 2007. During the HPSP Intake process, Practitioner provided the following information:

      i. Practitioner self-reported due to a diagnosis of bipolar disorder.
      ii. Since 1983 Practitioner has been hospitalized on approximately six separate occasions after she discontinued her medications.
      iii. Practitioner disclosed a "strong belief" that people can be healed of all disorders, including bipolar disorders. Practitioner further disclosed it was her belief that her patients can be healed and that she has been terminated from two different employments because of that belief.

iv. Practitioner had been under the care of one physician, but was in the process of getting a second opinion from another physician.

B. On July 5, 2007, Practitioner reported to HPSP staff that she saw the second physician and wanted to continue treatment with him. However, Practitioner noted the second physician told her he did "not do Depakote levels", which was the only medication for which Practitioner currently had a prescription.

C. On July 16, 2007, HPSP staff determined Practitioner had not been seen by the first physician since December 2006; had not refilled her medications since January 4, 2006; and had only been seen by that physician three times.

D. On July 20, 2007, HPSP staff received information that Practitioner was hospitalized in 2006 due to "bizarre behavior, delusions and starting a fire in her home."

E. On August 24, 2007, HPSP staff spoke with Practitioner's employer, a placement service, who advised Practitioner worked for them 14 months prior, stopped working for approximately one year, and restarted in June 2007. The employer noted that since Practitioner's return, a couple facilities requested she not return due to her personality problems and verbal outbursts.

F. On September 6, 2007, Practitioner's supervisor reported Practitioner was doing "very well."

G. On October 18, 2007, Practitioner reported she had changed employers.

H. On December 3, 2007, Practitioner's therapist reported that Practitioner missed an appointment the previous week and called to cancel another appointment. The therapist advised he told Practitioner he would not work with her and that she needed to find another therapist.

I. On December 18, 2007, Practitioner reported she had a new therapist who she thought was a good fit for her.

J. On January 30, 2008, HPSP staff received a report from Practitioner's therapist, who reported Practitioner "...is slow at what she does, has poor concentration, irritability, elevated mood, easily distracted, and racing thoughts."

K. On May 20, 2008, Practitioner notified HPSP staff she needed to miss her May therapy appointment because of a family meeting regarding her father's hospice care. Practitioner stated she would see her therapist twice in June.

L. On October 7, 2008, HPSP staff received Practitioner's work site monitor's report which stated Practitioner worked 32 hours per week and had another on-call position. Practitioner reported her mother died on August 14, 2008, and her father

died on September 24, 2008. Practitioner also advised she missed a therapy appointment because it was on the same day as her father's funeral.

M. On October 17, 2008, Practitioner reported trouble sleeping, had called her psychiatrist, and restarted Depakote.

N. On October 28, 2008, Practitioner reported to HPSP staff she is working with her psychiatrist to stabilize her mood and will contact her primary care physician because her psychiatrist does not check for Depakote levels.

O. On November 20, 2008, Practitioner met with HPSP staff. At the outset of the meeting, Practitioner told HPSP staff that HPSP had set her free, that since starting HPSP she has been stable, that she is "cured" and "no longer needs medication." Practitioner claimed her psychiatrist agreed that she is cured and had taken her off all medication. When HPSP staff pointed out that bipolar disorder is a chronic condition, Practitioner claimed she did not have bipolar disorder and explained that her work with pediatrics was related to integrating the right and left brains. Practitioner stated she believe she was cured by the therapy she was providing to patients. Practitioner further disclosed her sister called Hennepin County Crisis on her because since their parents died her sister needed someone to worry about.

P. On November 20, 2008, while at HPSP offices, Practitioner met with a psychiatrist. During their meeting, Practitioner disclosed she moved into a new house in June and was interested in buying another house. When the psychiatrist stated it was customary for someone with bipolar disorder not to go off medications, Practitioner stated she did not have bipolar disorder and became defensive. At the conclusion of the meeting, the psychiatrist and HPSP staff recommended that Practitioner not practice until she obtained a second opinion.

Q. On November 20, 2008, after meeting with Practitioner, HPSP staff contacted the psychiatrist Practitioner claimed said she was cured and could go off medication. The psychiatrist denied he ever told Practitioner she was cured and does recommend she take medication. The psychiatrist stated Practitioner's sister has filed a petition for commitment and noted Practitioner is psychotic, not taking medications or following treatment recommendations, is "doing a lot of strange things", and is "spending a lot of money."

R. On November 20, 2008, HPSP staff also contacted Practitioner's supervisor, who noted Practitioner's behavior changed about three weeks ago after she returned from vacation. The supervisor stated Practitioner came back "a different person" with poor judgment and boundaries. The supervisor gave the example that Practitioner brought her personal laundry into work for patients to hang up and dry. The supervisor also advised that Practitioner would also wander off and leave juvenile patients unattended. The supervisor expressed her concerns to Practitioner, who explained she had gone off her medications and was not feeling

well. The supervisor told Practitioner to take a medical leave and not return until she was back on her medication. Later Practitioner called the supervisor, told her she did not need medication, and quit. The supervisor noted that Practitioner has reportedly called former co-workers and made bizarre statements. The supervisor further stated that Practitioner called that day in an agitated state and accused the supervisor of making trouble for her.

3. On November 21, 2008, HPSP staff provided an updated file note in which it was noted HPSP staff contacted Practitioner and confronted her on the inconsistency between her statement and that of her psychiatrist regarding whether or not she was cured and in need of medication. Practitioner stated she did not want to see her psychiatrist and would not take any medications if he were to prescribe them. Practitioner suggested another psychiatrist. In a later telephone conversation, HPSP staff told Practitioner she needed to restart her medication by either going back to her psychiatrist or to the Hennepin County Crisis and if she did not, she would be discharged and referred to MDH. Practitioner refused and told HPSP staff to close her file and they would not be working together "for a long time."

4. On November 24, 2008, HPSP staff advised that Practitioner's employer advised Practitioner was not to practice and did not respond to either redirection or feedback. The employer provided the following additional examples of Practitioner's incompetent and unsafe practice:

   A. Practitioner allowed a child to climb a climbing-rope and did not follow the standard procedure of placing pillows underneath the rope. The child fell from the rope and hit his head.

   B. Practitioner wandered off on several occasions, leaving the child she treating unattended. On one occasion, Practitioner's client went into a supervisor's office, locked the door, and refused to open it.

CONCLUSION

1. Practitioner performed occupational therapy services in an incompetent manner or in a manner that falls below the community standard of care, which is a ground for disciplinary action, pursuant to Minnesota Statutes, section 148.6448, subdivision 1(3).

2. Practitioner failed to perform services with reasonable judgment, skill, or safety due to mental impairment, which is a ground for disciplinary action, pursuant to Minnesota Statutes, section 148.6448, subdivision, 1(6).

DETERMINATION

1. Practitioner's occupational therapy license is hereby suspended.

2. Practitioner may request a conditional license upon satisfaction of the following:

A. Practitioner must have her treatment professionals attest to her safety to practice, including but not limited to documentation of continuous medication compliance. All documentation from Practitioner's treatment professionals must be sent directly to the Health Occupations Program of MDH. Said documentation must be on the treatment professionals' official letterhead.

B. Upon receipt of the documentation described in Item 2A, MDH staff may issue a conditional license, with the following conditions:

i. Practitioner will re-enroll in the Health Professionals Services Program (HPSP).

ii. Practitioner will cooperate with all requirements and instructions of HPSP staff.

iii. Practitioner will not pursue any occupational therapy employment until she is cleared to do so by HPSP staff.