



State of Louisiana
Department of Health and Hospitals
Louisiana Physical Therapy Board
104 Fairlane Drive Lafayette, Louisiana 70507
337/262-1043 FAX 337/262-1054

CASE NUMBER: 2012-07

DATE: February 1, 2012

RE: Informal Consent Order Regarding Late License Renewal


Licensee Nikki Stone, License No. A7155R (referred to herein as Applicant) acknowledges that she failed to timely complete and submit application for renewal of her Physical Therapy license for the year 2012. While license renewals are required by law and Board Rules to be made "on or before December 31 of each year", applicant failed to submit her renewal timely, resulting in a failure to comply with mandatory requirements as of January 1, 2012. This is a violation of the Physical Therapy Practice Act [La. R.S. 37:2417] and of the Rules of the Louisiana Physical Therapy Board [46 LAC Sec. 181]. These facts and provisions of law provide the authority for this Consent Order.

Applicant has now applied for reinstatement of her license. She agrees to the following terms and conditions with the Louisiana Physical Therapy Board (the Board) for late renewal:

A. Applicant will pay to the Board, in addition to regular renewal and reinstatement fees, the sum of \$250 as reimbursement for the administrative and legal time and expenses involved in late renewal of her license. Payment by check will be made by February 18, 2012. If additional time is required, you must contact the board for arrangements.

B. Applicant worked without a valid license from January 1, 2012 through January 4, 2012 at 3:59 p.m. Applicant shall provide documentation with this agreement from her employer(s) which reflects that all charges to patient accounts have been reversed for all treatments provided by applicant during the period when she was not licensed.

C. Applicant voluntarily gives her consent to this Informal Consent Order, the terms of which were approved by the Board at its January 25, 2012 meeting.



Applicant

Date: 02/01/12



Cheryl Gaudin, Executive Director
On behalf of the Board

**CERTIFICATION REGARDING FEES
FOR PHYSICAL THERAPY SERVICES**

The undersigned representative of Therapy Coverage LLC (Name of facility) which is the employer of Nikki Stone, a physical therapist assistant, subject to licensure by the Louisiana Physical Therapy Board, whose license number is A7155R, acknowledges receipt of the Informal Consent Order for Late Renewal of License between the Board and licensee. This Consent Order indicates that between January 1, 2012 and January 4, 2012, Nikki Stone did not hold a valid license to provide physical therapy services as required by law. During this period, Licensee continued to work at this facility and treat patients who were billed for physical therapy services.

Since Licensee was not legally authorized to provide physical therapy services during the period indicated above, I certify to the Board that charges for those physical therapy services provided by Licensee during the period identified above have now been reversed or refunded to the payor with appropriate notification directly to the patient. Records of this facility document that these unearned fees have been reversed or refunded and such records may be inspected by Board representatives by contacting me during regular business hours at (504) 756-1657

(Telephone number)

I certify that the above information is true and correct and that I have personal knowledge of its accuracy.

Cherie C. Rose
Signature

Cherie C. Rose
Print Name

President
Title

Therapy Coverage LLC
Facility



06 12 04:09p

Nikki Stone

985-308-0175

P. 1

~~HTI. [unclear]~~
Roxanne

**CERTIFICATION REGARDING FEES
FOR PHYSICAL THERAPY SERVICES**

The undersigned representative of Amedisys Home Health which is the
(Name of facility)
employer of Nikki Stone, a physical therapist assistant, subject to licensure by
the Louisiana Physical Therapy Board, whose license number is A7155R, acknowledges receipt
of the Informal Consent Order for Late Renewal of License between the Board and licensee. This
Consent Order indicates that between January 1, 2012 and January 4, 2012, Nikki Stone did not
hold a valid license to provide physical therapy services as required by law. During this period,
Licensee continued to work at this facility and treat patients who were billed for physical therapy
services.

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period indicated above, I certify to the Board that charges for those physical therapy services
provided by Licensee during the period identified above have now been reversed or refunded to
the payor with appropriate notification directly to the patient. Records of this facility document
that these unearned fees have been reversed or refunded and such records may be inspected by
Board representatives by contacting me during regular business hours at 504-838-7080

(Telephone number)

I certify that the above information is true and correct and that I have personal knowledge
of its accuracy.

Roxanne Dier
Signature

Roxanne Dier
Print Name

Business Office Manager
Title

Amedisys Home Health of Metairie
Facility

Feb 06 12 04:00p

Nikki Stone

985-308-0175

P. 1

THH, LYRICSEY

**CERTIFICATION REGARDING FEES
FOR PHYSICAL THERAPY SERVICES**

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(Name of facility)
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the payor with appropriate notification directly to the patient. Records of this facility document
that these unearned fees have been reversed or refunded and such records may be inspected by
Board representatives by contacting me during regular business hours at *985-872-1955*

(Telephone number)

I certify that the above information is true and correct and that I have personal knowledge
of its accuracy.

Steve Navarre Doo
Signature

Steve Navarre
Print Name

RD Doo
Title

Amedisys Home Health Care
Facility

To whom it may concern,

I would like to apologize for my irresponsibility of not renewing my license in a timely manner. I would like to also thank you for your cooperation in getting my license back. Thank you for all that you do, and your hard ~~for~~ work making sure ethical values are protected. Again I am sorry for the extra work I have caused the staff @ the LA State board of PT. A special thanks ~~for~~ to Cheryl Gaudin for speaking with me and assisting me in getting this cleared up.

Sorry and thank you



NICHOLAS A STONE
NIKKI J STONE
115 DUHE DR
HAHNVILLE, LA 70057

License NO: A7155R

1294

2-10-12

84-242/654
13

Date

Pay to the
Order of

Louisiana State Board of PT

\$ 250.00

two hundred fifty dollars & no/100 Dollars

Security
Features
Details on
Back

**First American
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For

Case # 2012-07 (Fine)

[Handwritten Signature]

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