THE COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss. Division of Administrative Law Appeals

Board of Registration in Medicine,
Petitioner

v. Docket No. RM-16-459

Idris Dahod, M.D.,
Respondent

Appearance for Petitioner:

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Administrative Magistrate:

Edward B. McGrath, Esq.
Chief Administrative Magistrate

SUMMARY OF RECOMMENDED DECISION

The Petitioner proved by a preponderance of the evidence that the Respondent acted inappropriately with regard to Patient A and, therefore, I recommend that the Board of Registration in Medicine impose the discipline it believes is appropriate. However, the Petitioner failed to prove the allegations involving Patient J and, therefore, I recommend that it dismiss the allegations involving Patient J.

RECOMMENDED DECISION

Pursuant to G. L. c. 112, § 5 and 243 CMR §1.03(5)(a)(3), the Petitioner, Board of Registration in Medicine ("Board"/"BORIM"), issued on October 7, 2016 a Statement of Allegations, an Order of Temporary Suspension and an Order of Reference to the Division of Administrative Law Appeals ("DALA") regarding the Respondent, Dr. Idris Dahod. The Board charged in its Statement of Allegations that the Respondent had a history of complaints against him for allegedly having inappropriate contact with female patients, which resulted in the creation of a corrective action plan. The Board further alleged that the Respondent violated the corrective action plan and had inappropriate contact with patients A and J. The Petitioner included the following allegations in the statement of allegations:

> 4. In May 2005, SVH (St. Vincent Hospital) nurses reported that the Respondent may have had inappropriate contact with the breasts of sedated adolescent female patients.
>
> ....
>
> 9. In May 2011, SVH nursing staff reported that the Respondent's hands were not visible as he cared for an adolescent female patient who was under conscious sedation.
>
> ....

The Respondent filed his Answer to the Statement of Allegations on October 31, 2016. The Respondent denied having inappropriate contact with any sedated adolescent patients. He further stated that he could not respond further to that allegation because it was vague, and moved for a more definite statement. The Respondent also denied kissing Patient J. In paragraph 15 of his answer, the Respondent admitted that he met Patient A without a chaperone and greeted her with "a hug and a peck on the lips." He also stated in paragraph 15 of his answer that "to palpate Patient A's abdomen during her examination 'he undid Patient A's belt and unbuttoned her jeans.'"

A hearing on the merits was conducted on July 18, 19 and 20, 2017 at the offices of the Division of Administrative Law Appeals, One Congress Street, 11th Floor, Boston, MA. At the hearing, the Petitioner produced five (5) witnesses. The Petitioner called Douglas Waite, M.D., Chief Medical Officer at St. Vincent's Hospital in Worcester, MA. The Petitioner presented the Respondent as a witness. In addition, the Petitioner called Cynthia Hennessey, R.N., and Dorothy Turgeon, R.N. Both of these nurses were employed in St. Vincent Hospital's endoscopy unit. The Petitioner also called Patient J's mother, as a witness.[1] The Respondent called Robert Bouten, an investigator employed by the Petitioner, as a witness.

The hearing was stenographically recorded and I refer to the transcript in this decision as "Tr. page." At the hearing, I marked six (6) items as exhibits and three (3) items for identification.[2]

The record was left open at the end of the hearing for the filing by the parties of written closing arguments, which were filed. The Respondent filed a motion to strike parts of the Petitioner's closing argument and the Petitioner filed an opposition to that motion. I denied the motion to strike and closed the record on November 17, 2017, when I received the last of the parties' submissions.

FINDINGS OF FACT

Based upon the evidence presented, the reasonable inferences from it, and my assessment of the witnesses' credibility, I make the following findings of fact:

[1] I refer to the witness as Patient J Mother so as not to identify Patient J.

[2] While hearsay may be admitted at administrative proceedings, for reasons discussed below, I did not find the items marked A and B for identification reliable.

1. Prior to 2014, the Respondent worked as a pediatric gastroenterologist, treating patients from newborn to college graduates. (Respondent Test. Tr. 63, 65)
2. In May of 2005, St. Vincent Hospital nurses reported that that the Respondent may have had inappropriate contact with the breasts of female patients while they were sedated. The Respondent was told that this was not an allegation of wrongdoing. (Ex. 2)
3. On May 24, 2005, the Respondent met with the then Chief Medical Officer of St. Vincent Hospital to discuss the reports that the Respondent may have had inappropriate contact with female patients' breasts. (Ex. 2)
4. Following that meeting, recommendations were made and one recommendation was that the Respondent use chaperones when treating patients at the hospital. (Ex. 3, Waite Test. Tr. 51, Respondent Test. Tr. 75)
5. On August 8, 2005, a corrective action plan was written in response to the staff concerns about his patient contacts during endoscopic procedures. (Ex. 3)
6. The corrective action plan provided:

    1. Nurses to give IV medications at all times.
    2. Nurses/endoscopy technicians are the only staff who will position patient for the procedure.
    3. Nursing staff solely responsible for draping of bedcovers. Arm with IV site will be clearly exposed at all times.
    4. Nurse will be made aware and in attendance observing any necessary abdominal examinations.
    5. Only nurse will place or remove EKG leads.
    6. Nurse will be in constant attendance of patients. No requests will be made of the nurse to answer pages, etc. which will divert the focus away from the patient.

    (Ex.3)

7. Patient J treated with the Respondent about five (5) to (8) times in 2006. At

that time, Patient J was about 3 1/2 years old. (Patient J Mother Test. Tr. 198-199)

8. At the end of an appointment, the Respondent gave Patient J a kiss on the cheek, which Patient J Mother described as a peck. Patient J Mother thought it odd. (Patient J Mother Test. Tr. 199)
9. Patient J Mother did not tell Patient J's primary care physician about that kiss. (Patient J Mother Test. Tr. 199)
10. Patient J Mother testified (but for reasons discussed below I do not find) that on a subsequent visit, the Respondent examined Patient J. During that examination, Patient J was on an examination table. Her shirt was pulled up to expose her abdomen. Both the Respondent's hands were on Patient J's abdomen. The Respondent and witness were facing each other across the examination table that Patient J was on. (Patient J Mother Test. Tr. 202)
11. Patient J Mother does not recall if Patient J's nipples were exposed. (Patient J Mother Test. Tr. 203)
12. The Respondent did not kiss Patient J on the lips. (Resp. Test. Tr. 92)
13. On occasion, he did kiss toddlers on the hand or forehead, but he does not recall if he kissed Patient J on the forehead or hand. (Resp. Test. Tr. 93).
14. Patient J Mother testified (but for reasons discussed below I do not find) that she could see the Respondent kiss Patient J on the mouth. According to Patient J Mother, the Respondent made a loud kissing or puckering sound. He said "You're all done" and left the examination room. (Patient J Mother Test. Tr. 205).

15. Patient J Mother told Patient J's primary care physician about the incident. (Patient J. Mother Test. Tr. 213)

16. Patient J Mother was interviewed by the Respondent before she received a letter from the Petitioner informing her that it had closed her complaint. (Patient J Mother Test. Tr. 220-221)

17. The date of that interview was June 20, 2006. (Stipulation, Tr. 229)

18. BORIM closed Patient J Mother's complaint on August 16, 2006, writing to the Respondent that:

> We decided to close the complaint with a Letter of Warning. We warn you that you must maintain appropriate boundaries with patients at all times. We further warn you that it is important to use chaperones for all examinations when a parent is not present.

19. BORIM concluded the letter of warning by stating that it reserved the right to reopen the complaint if the Respondent violated board policies, regulations or statutes in the future. (Ex. 4)

20. Patient J Mother does not know if the statement that she made to the Board in 2006 was transcribed correctly. (Patient J Mother Test. Tr. 230)

21. She asked for a copy of the statement, but the Petitioner did not give her a copy. (Patient J Mother Test. Tr. 233)

22. Patient J Mother gave another statement to the Respondent's investigator, Mr. Bouton, in 2016. (Patient J Mother Test. Tr. 219)

23. Bouton interviewed Patient J Mother on July 15, 2016. (Bouton Test. Tr. 244)

24. The statement Patient J Mother gave Bouton was different than the statement she gave in 2006. (Bouton Test. Tr. 250)

25. The 2006 statement said Patient J Mother did not see the kiss, because she was standing behind the Respondent. (Bouton Test. Tr. 251)

26. Bouton did not ask Patient J Mother about the differences between the statements. (Bouton Test.Tr. 252)

27. When he took her statement in 2016, Bouton forgot that there were inconsistencies in her earlier statement. (Bouton Test. Tr. 3012)

28. The differences in the statements were brought to Bouton's attention when he was preparing for the instant hearing. (Bouton Test. Tr. 306)

29. On May 16, 2011, the Respondent met with Dr. Octavio Diaz because members of the nursing staff were concerned that they did not know where his hands were when he was performing procedures on adolescent female patients. (Ex. 5)

30. On May 24, 2011, SVH wrote the Respondent and stated:

> In accordance with the 2006 BORM ruling you must continue to have a chaperone in the room at all times during any patient exam or procedure. You must maintain appropriate boundaries with all patients at all times....

(Ex. 6)

31. On May 28, 2014, the Respondent saw Patient A for a follow-up examination as a result of an endoscopy and colonoscopy he performed a week earlier. (Respondent Test. Tr. 82-83)

32. Patient A was a 20 year old female. (Respondent Test. Tr. 89)

33. Prior to the examination, the Respondent kissed Patient A on the lips. (Waite Test. Tr. 35, Respondent Test. Tr. 86)

34. The Respondent unbuttoned the button of Patient's A's pants to examine her abdomen, as part of her follow up examination. There was no chaperone present. (Respondent Test. Tr. 86)

35. The Respondent kissed Patient A again when she when she left. (Respondent Test. Tr. 87)

36. Later in the day the Respondent called and texted Patient A because he felt uncomfortable with his interaction with Patient A. In the text, he referred to Patient A as "my friend." (Respondent Test. Tr. 88-89)

37. Patient A's mother complained about the Respondent to Saint Vincent Hospital. Since patient A was not a minor, her mother was told to have Patient A call to make the complaint (Waite Test. Tr. 33)

38. The Respondent admits that it was not appropriate to kiss Patient A. (Respondent Test. Tr. 90)

39. On July 16, 2014, the Respondent signed a voluntary agreement not to practice and he has not practiced medicine since. (Ex. 1, Respondent Test. Tr. 63)

ANALYSIS

a. Procedural issues

The Legislature has mandated that the Board of Registration in Medicine investigate and, when appropriate, discipline doctors. G.L. c. 112, § 5. Specifically, the Legislature provided:

> The board may, after a hearing pursuant to chapter thirty A, revoke, suspend, or cancel the certificate of registration, or reprimand, censure...[a physician] upon proof satisfactory to a majority of the board that said physician:

...

(b) is guilty of an offense against any provision of the laws of the commonwealth relating to the practice of medicine, or any rule or regulation adopted thereunder;

(c) is guilty of conduct which places into question the physician's competence to practice medicine, including but not limited to gross misconduct in the practice of medicine or of practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions;

...

(h) is guilty of violating any rule or regulation of the board, governing the practice of medicine.

G.L. c. 112, § 5. In addition, the Legislature has provided that the Division of Administrative Law Appeals is the forum for the impartial evidentiary hearings in which BORIM seeks to discipline physicians. Acts. 1989, c. 653, § 233.

To carry out its Legislative mandate, BORIM has adopted regulations. One provision of those regulations provides:

(5) Grounds for Complaint.
Specific Grounds for Complaints Against Physicians.
A complaint against a physician must allege that a licensee is practicing medicine in violation of law, regulations, or good and accepted medical practice and may be founded on any of the following:
....
Commitment of an offense against any provision of the laws of the Commonwealth relating to the practice of medicine, or any rule or regulation adopted thereunder;
Conduct which places into question the physician's competence to practice medicine, including but not limited to gross misconduct in the practice of medicine, ... or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions;
Violation of any rule or regulation of the Board;
Misconduct in the practice of medicine.

243 CMR §.1.03 (5). Another regulation provides that:

The Board shall review each recommendation which the

> Committee forwards to it within a reasonable time and shall require an adjudicatory hearing if it determines that there is reason to believe that the acts alleged occurred and constitute a violation of any provision of 243 CMR 1.03(5) or M.G.L. c. 112, § 5.

243 CMR § 1.03 (10). The regulations set out the procedures for beginning a claim against a physician, providing that the Statement of Allegations is:

> [A] paper served by the Board upon a licensee ordering the licensee to appear before the Board for an adjudicatory proceeding and show cause why the licensee should not be disciplined; a "Statement of Allegations" is an "Order to Show Cause" within the meaning of 801 CMR 1.01(6)(d).

243 CMR § 1.01.

The Standard Adjudicatory Rules of Practice and Proceedure state that:

> (d) Orders to Show Cause. Whenever an Agency desires to initiate an Adjudicatory Proceeding against any Person, the Agency may commence such action by an order to show cause setting forth the grounds for such action. An order to show cause contains a statement of the basis for the Agency commencing the Adjudicatory Proceeding, the nature of the relief sought, and the legal basis thought to authorize the Agency to conduct the proceeding and grant the relief requested.

801 CMR § 1.01 (6)(d).

The Supreme Judicial Court has held that: "Due process rights are implicated in administrative proceedings that may affect the right to practice medicine." *Ingalls v. Board of Registration In Medicine,* 445 Mass. 291, 296 (2005). The Court has also stated that "243 Code Mass. Regs. § 1.00 'is based on the principle of fundamental fairness to physicians and patients and shall be construed to secure a speedy and just disposition.'" *Arnoff v. Board of Registration In Medicine*, 420 Mass. 830, 835 (1995).

The case before me involved the allegations pertaining to Patient A and J. That fact was confirmed by the Petitioner's attorney at the beginning of the hearing. (Tr. 5-6). Although the Petitioner spent much of the hearing

introducing the testimony of witnesses[3] and much of its closing brief to address allegations that the Respondent manipulated the breasts of sedated patients, the statement of allegations did not allege that conduct. The closest such allegations were Paragraph 4 which stated: "In May 2005, SVH nurses reported that the Respondent may have had inappropriate contact with the breasts of sedated adolescent female patients," and paragraph 9 which stated: "In May 2011, SVH nursing staff reported that the Respondent's hands were not visible as he cared for an adolescent female patient who was under conscious sedation."

The limited extent of these allegations is supported by the statements set out in exhibits 2 and 5, which both noted that nurses had been concerned that they could not tell where the Respondent's hands were. The Petitioner never filed a motion to amend the statement of allegations, even after the Respondent raised the issue of the adequacy of the allegations in his answer. *Cf. Weinberg v. Board of Registration in Medicine, 443 Mass. 679, 688 (2005) (Board received motion to amend). Meyer v. Board of State Examiners of Plumbing and Gas Fitters*, 91 Mass. App. Ct. 1102 at *2 (Rule 1:28 Unpublished Decision 1/18/2017). Instead, the Petitioner's attorney offered the evidence to show a pattern of inappropriate behavior. (Tr. 6)

To the extent the Petitioner seeks to discipline the Respondent because of the alleged conduct with the sedated female patients, it would deprive the Respondent of the safeguards provided by the screening process included in the regulations at 243 CMR §§ 1.03(3) and (9). The Statement of Allegations in this case did not provide the Respondent

[3] For reasons discussed below, I did not find these witnesses credible.

with notice of the conduct with which he was charged pertaining to the allegations of manipulating sedated women's breasts. *See D'Amour v. Board of Registration In Medicine,* 409 Mass. 572, 574 n.2 (1991) (noting Single Justice held Statement of Allegations inadequate and vacated part of Board's order); *Kellogg v. Board of Registration In Medicine,* 2011 WL 13224166 at 4 (SJ-2010-0382 2011) (Single Justice describing purpose of Statement of Allegations); *aff'd* 461 Mass. 1001 (2011). Given the passage of more than ten years since the happening of one of the incidents ofalleged misconduct, the fact that the Respondent received a letter saying no allegations of misconduct had been made and the Petitioner's attorney's statements at the beginning of the hearing that the hearing was about the allegations of misconduct pertaining to patient A and J, it would be unfair to allow the Petitioner to pursue the allegations that the respondent allegedly touched sedated patients' breasts.

Unlike the situation in *Ingalls v. Board of Registration in Medicine,* there was no evidence in the instant case that the Petitioner's delay in bringing these claims was caused by a delay in the reporting of the incidents. *See Ingalls,* 445 Mass. 291, 295 (discussing cause for delay). In this case, the Petitioner had an opportunity to avail itself of the provisions of 243 CMR § 1.03 (16), but chose not to. That regulation provides that:

> Except where the Complaint Committee or the Board determines otherwise for good cause, the Board shall not entertain any complaint arising out of acts or omissions occurring more than six years prior to the date the complaint is filed with the Board.

The Petitioner chose not to move to amend the Statement of Allegations or ask the complaint committee or Board to determine good cause to proceed.

b. Substantive issues

The Board had the burden of establishing the allegations set forth in the Statement of Allegations by a preponderance of the evidence. *See Craven v. State Ethics Commission*, 390 Mass. 191, 200 (1983) (preponderance of evidence is generally standard at administrative proceedings). To meet this burden, the Board must produce sufficient evidence that "it is made to appear more likely or probable - in the sense that actual belief in its truth, derived from the evidence, exists in the mind or minds of the tribunal, notwithstanding any doubt that may linger there." *Sargent v. Massachusetts Accident Co.*, 307 Mass. 246, 250 (1940). A fact is proved by a preponderance of the evidence if the tribunal has "a firm and abiding conviction in the truth of" the proposition advanced by the Board. *Stepakoff v. Kantar*, 393 Mass. 836, 843 (1985). After a careful review of all of the evidence in this case, I have concluded that the Board has met its burden of proof with respect to the allegations that the Respondent engaged in conduct that places into question his competence to practice medicine and engaged in conduct which constituted misconduct in the practice of medicine with regard to the allegations involving Patient A, but not those involving Patient J.

The Petitioner proved by a preponderance of the evidence that the Respondent hugged Patient A, a 20 year old woman, and her on the lips twice. In fact, the Respondent admits engaging in that conduct. As such, the provisions of G.L. c. 112, § 5(c) as well as those set forth in 243 CMR 1.03(5)(a)(3) are applicable in this case. The Respondent's kissing Patient A on the lips and hugging her when she entered and left the examination room constituted misconduct in the practice of medicine and placed into question the Respondent's competence to practice medicine. Similarly, there was no dispute that the

Respondent examined Patient A without a chaperone. There was no chaperone, despite the fact that in August of 2006 the Board told him in its warning letter that he should have chaperones present during all examinations when a parent was not present and on May 11, 2011 Saint Vincent Hospital stated that he had to continue to have a chaperone in the room at all times during any patient exam or procedure.

The Respondent is, therefore, subject to discipline by the Board. *See Sugarman v. Board of Registration in Medicine*, 422 Mass. 338, 343 (1996); *Raymond v. Board of Registration in Medicine*, 387 Mass. 708, 712 (1982); *Levy v. Board of Registration in Medicine*, 378 Mass. 519, 525-26 (1979). The Respondent argues that the reference, in the Board's letter dated August 16, 2006, to using chaperones when a parent is not present means that he did not have to use a chaperone when he examined Patient A, because she was 20 years old. I am not persuaded by that argument. The Board was providing that, if a parent was present, another person did not have to be present to perform the duties of a chaperone.

In addition, there was no dispute that the Respondent unbuttoned Patient A's pants. However, no evidence was introduced that under the circumstances of this case, it was misconduct to do so and I am not persuaded that it was. The Respondent testified that he did so to examine Patient A's abdomen. There was no evidence that examining Patient A's abdomen was not necessary or of details concerning the conduct of the examination and, therefore, I do not find that it was inappropriate for the Respondent to unbutton Patient A's pants while he was examining her.

I was not persuaded that the Respondent kissed Patient J. While Patient J Mother testified that she saw the Respondent kiss Patient J on the lips, the testimony of Mr.

Bouton, the Petitioner's investigator, concerning her earlier statement and her testimony that she was not allowed an opportunity to review her earlier statement undercut her credibility. Mr. Bouton testified that he was aware of the differences in her two statements, but did not ask her about them. Moreover, on this point, I found the Respondent's testimony credible. Having admitted to kissing Patient A, a 20 year old woman, I believe it unlikely the Respondent would lie about kissing a 3 year old.

A considerable amount of time at hearing was spent dealing with whether the circumstances surrounding the two statements provided by Patient J Mother were protected by the work product privilege and, therefore, not admissible. But the Petitioner's assertion of the work product doctrine was misplaced. The doctrine is used during discovery to prevent one party from piggybacking on another parties' work. *Comm'r of Revenue v. Comcast,* 453 Mass. 293, 311-12 (2009). In addition, it protects from the disclosure of written materials and an attorney's mental impressions. *Id.* at 314. Neither of those considerations was in play at the hearing. Instead the issues were eliciting evidence concerning the Petitioner's witnesses' credibility at hearing.

Patient J Mother testified at hearing that the earlier statement was wrong, she asked to review it and the Respondent did not let her. Mr. Bouton testified that he was aware of the differences and did not ask Patient J Mother about the differences. While I have not drawn any inference from the fact the Petitioner instructed Bouton not to answer some questions concerning his decision not to inquire of Patient J Mother about the discrepancies in the statements, the credible evidence convinced me that there were two different statements from Patient J Mother and I do not know why. *Cf. Lenzt v. Metro. Prop. & Cas. Ins. Co.,* 437 Mass. 23, 26 (2002) (even without formal sanction reasonable

adverse inference may be drawn against party invoking privilege); *Wansong v. Wansong*, 395 Mass. 154, 157 (1985); *Eldridge v. Provident Companies, Inc.*, 2001 WL 262937 (Sup. Ct., Toomey, J. 3/13/2001) (*quoting* Justice Holmes *McCooe v. Dighton*, 173 Mass. 117, 119 (1899):" In a civil case, if one of the parties insists upon his privilege to exclude testimony that would throw light on the merits of the case and the truth of his testimony, we are of the opinion that it is a proper subject for comment.").

Because I find the statements provided by Patient J Mother unreliable, I find that the complaint form marked "A" prepared by Patient J Mother and the Office of Patient Relations Memo based upon Patient J Mother's earlier statement and marked "B" unreliable inadmissible hearsay. *See Edward E. v. Department of Soc. Serv.*, 42 Mass. App. Ct. 478, 485 (1995) (fact finder should look at circumstances surrounding making of hearsay to assess reliability).

The Petitioner called Cynthia Hennessey and Dorothy Turgeon as witnesses. The Petitioner stated their testimony was intended to show a pattern of inappropriate behavior concerning his adolescent patients. I did not find their testimony on that point probative, because their testimony concerned alleged improper conduct that the Petitioner performed while women patients were under anesthesia. Such evidence had no connection to the allegations of kissing Patients A and J or hugging Patient A. In the context of a criminal case the Appeals Court has stated that:

> Prior bad acts involving someone other than the victim are admissible so long as they are 'connected in time, place, or other relevant circumstances to the particular sex offense for which the defendant is being tried.'

Commonwealth v. Robertson, 88 Mass. App. Ct. 52, 55 (2015) *quoting Commonwealth v. Hanlon*, 44 Mass. App. Ct. 810, 818 (1998) and *Commonwealth v. King*, 387 Mass. 464, 470 (1982).

In addition, I did not find the testimony of either of these witnesses credible. Both of these witnesses appeared angry when they testified. Despite her apparent anger, Hennessey testified that she was "amicable" with the Respondent. Hennessey then criticized him for always being late. Later, Hennessey testified that the Respondent stood in her way during procedures and played loud music in the operating room. She testified that he would smell sheets and put his hands under the sheets while performing procedures. Hennessey added that the Respondent did this when he was performing procedures on "well developed women." I do not find Hennessey credible partly because she testified that she was "amicable" with the Respondent while she claims to have observed the conduct that she said she observed.

Turgeon testified that she reported seeing the Respondent manipulating two women's breasts, but there was no documentary evidence any such allegations were made. Rather the documentary evidence was that nurses could not tell where the Respondent's hands were. Moreover, I do not find it credible, given how angry she appeared at the hearing years after her alleged observations, that Turgeon saw the Respondent manipulate two sedated women's breasts, reported those observations and then did nothing about it or follow up in any way after she reported her alleged observations and nothing was done about them.

The Petitioner had the burden of proof and failed to meet it with regard to allegations involving Patient J.

CONCLUSION

While noting that the Respondent voluntarily stopped practicing in 2014, I recommend to the Board that it impose the sanctions it deems appropriate upon the Respondent for kissing and hugging Patient A on May 28, 2014 and dismiss the allegations involving Patient J.

Division of Administrative Law Appeals,

Edward B. McGrath
Chief Administrative Magistrate

DATED: MAR 19 2018