



# State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

September 8, 1999

Deborah L. Pope, P.A.  
121 Highland Lake Drive  
Lima, OH 45801

Dear Doctor Pope:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on September 8, 1999.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal may be taken to the Franklin County Court of Common Pleas only.

Such an appeal setting forth the Order appealed from the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Very truly yours,

Anand G. Garg, M.D.  
Secretary

AGG:jam  
Enclosures

CERTIFIED MAIL RECEIPT NO. Z 233 839 360  
RETURN RECEIPT REQUESTED

cc: 4541 Dogtown Road  
Monroeville, OH 44847-9763  
CERTIFIED MAIL RECEIPT NO. Z 233 839 358  
RETURN RECEIPT REQUESTED

John A. Poppe, Esq.  
CERTIFIED MAIL RECEIPT NO. Z 233 839 359  
RETURN RECEIPT REQUESTED

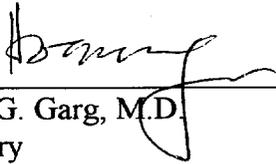
*Mailed 9/9/99*

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry, approved by the State Medical Board, meeting in regular session on September 8, 1999, constitute a true and complete copy of the Findings, Order and Journal Entry in the Matter of Deborah L. Pope, P.A., as it appears in the Journal of the State Medical Board of Ohio.

This Certification is made by the authority of the State Medical Board of Ohio in its behalf.

(SEAL)

  
\_\_\_\_\_  
Anand G. Garg, M.D.  
Secretary

\_\_\_\_\_  
SEPTEMBER 8, 1999  
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

\*

\*

DEBORAH L. POPE, P.A.

\*

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated July 14, 1999, notice was given to Deborah L. Pope, P.A., that the State Medical Board intended to consider disciplinary action regarding her certificate of registration to practice as a physician assistant in Ohio, and that she was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, to the last known address of Deborah L. Pope, P.A., that being 121 Highland Lake Drive, Lima, OH 45801.

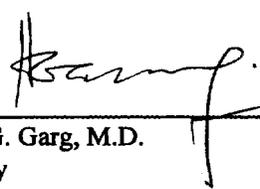
No hearing request has been received from Ms. Pope, and more than thirty (30) days have now elapsed since the mailing of the aforesaid notice.

WHEREFORE, for the reasons outlined in the July 14, 1999, letter of notice, which is attached hereto and incorporated herein, it is hereby ORDERED that the certificate of registration of Deborah L. Pope, P.A., to practice as a physician assistant in the State of Ohio be \_\_\_\_\_  
PERMANENTLY REVOKED

This Order shall become effective IMMEDIATELY.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 8<sup>th</sup> day of SEPTEMBER 1999, and the original thereof shall be kept with said Journal.

(SEAL)

  
\_\_\_\_\_  
Anand G. Garg, M.D.  
Secretary

SEPTEMBER 8, 1999  
Date

AFFIDAVIT

I, Debra Jones, being duly cautioned and sworn, do hereby depose and say:

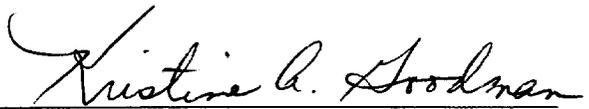
- 1) That I am employed by the State Medical Board of Ohio (hereinafter, "The Board")
- 2) That I serve the Board in the position of Chief, Continuing Medical Education, Records, and Renewal;
- 3) That in such position I am the responsible custodian of all public licensee records maintained by the Board pertaining to individuals who have received certificates issued pursuant to Chapter 4731., Ohio Revised Code;
- 4) That I have this day carefully examined the records of the Board pertaining to Deborah L. Pope, P.A.
- 5) That based on such examination, I have found the last known address of record of Deborah L. Pope, P.A. to be:

121 Highland Lake Drive  
Lima, OH 45801

- 6) Further, Affiant Sayeth Naught.

  
\_\_\_\_\_  
Debra L. Jones, Chief  
Continuing Medical Education,  
Records and Renewal

Sworn to and signed before me, Kristine A. Goodman, Notary Public, this 16th day of August, 1999.

  
\_\_\_\_\_  
Notary Public



KRISTINE A. GOODMAN  
Notary Public, State of Ohio  
My Commission Expires  
11/09/2002

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DEBORAH L. POPE  
121 HIGHLAND LAKE DR.  
LIMA, OH 45801

4a. Article Number

Z 395 591 089

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

7-21-97

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

454 DOSTOWN RD  
MONROEVILLE, OH 44847  
CITE

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 395 591 089

CITE

WMP

Is your RETURN ADDRESS completed on the reverse side?

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- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DEBORAH L. POPE  
4541 DOSTOWN ROAD  
MONROEVILLE, OH  
44847-9763

4a. Article Number

Z 395 591 075

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

7-14-99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

same  
CITE

6. Signature: (Addressee or Agent)

X *[Signature]*

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 395 591 075

CITE

WMP

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

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- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):

- 1.  Addressee's Address
- 2.  Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JOHN A. POPPE, ESQ.  
1100 W. AUGLAIZE STREET  
WAPAKONETA, OH 45895

4a. Article Number

Z 395 591 059

4b. Service Type

- Registered  Certified
- Express Mail  Insured
- Return Receipt for Merchandise  COD

7. Date of Delivery

7-17-99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

CITE - POPPE

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

Z 395 591 059

CITE - POPPE

WMP



# State Medical Board of Ohio

77 E. High Street, 7th Floor • Columbus, Ohio 43260-0215 • (614) 461-3556 • Website: www.state.ohio.us/med

## NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

July 14, 1999

Deborah L. Pope, P.A.  
121 Highland Lake Drive  
Lima, Ohio 45801

Dear Ms. Pope:

Enclosed please find certified copies of the Entry of Order, the Notice of Opportunity for Hearing, and an excerpt of the Minutes of the State Medical Board, meeting in regular session on July 14, 1999, including a Motion adopting the Order of Summary Suspension and issuing the Notice of Opportunity for Hearing pursuant to Section 4730.25(G), Ohio Revised Code.

You are advised that continued practice after receipt of this Order shall be considered practicing without a certificate, in violation of Section 4730.02, Ohio Revised Code.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order of Summary Suspension. Such an appeal may be taken to the Franklin County Court of Common Pleas only. Such an appeal, setting forth the Order appealed from and the grounds of appeal, must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Court within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12, Ohio Revised Code.

Additionally, pursuant to Chapter 119, Ohio Revised Code, you are hereby advised that you are entitled to a hearing on the allegations set forth in the Notice of Opportunity for Hearing. If you wish to request such hearing, that request must be made in writing and be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice. Further information concerning such hearing is contained within the Notice of Opportunity for Hearing.

THE STATE MEDICAL BOARD OF OHIO

  
Anand G. Garg, M.D., Secretary R25

AGG:bjs  
Enclosures

Mailed 7/15/99

**CERTIFICATION**

I hereby certify that the attached copies of the Entry of Order of the State Medical Board of Ohio and the Motion by the State Medical Board, meeting in regular session on July 14, 1999, to Adopt the Order of Summary Suspension and to Issue the Notice of Opportunity for Hearing, constitute true and complete copies of the Motion and Order as they appear in the Journal of the State Medical Board of Ohio.

This certification is made under the authority of the State Medical Board of Ohio and in its behalf.

  
Secretary

(SEAL)

JULY 14, 1999  
Date

**BEFORE THE STATE MEDICAL BOARD OF OHIO**

IN THE MATTER OF :

DEBORAH L. POPE, P.A. :

**ENTRY OF ORDER**

This matter came on for consideration before the State Medical Board of Ohio the 14th day of July, 1999.

Pursuant to Section 4730.25(G), Ohio Revised Code, and upon recommendation of Anand G. Garg, M.D., Secretary, and Raymond J. Albert, Supervising Member; and

Pursuant to their determination that there is clear and convincing evidence that DEBORAH L. POPE, P.A., has violated Section 4730.25(B)(5), Ohio Revised Code, as alleged in the Notice of Summary Suspension and Opportunity for Hearing which is enclosed herewith and fully incorporated herein, which determination is based upon review of information received pursuant to an investigation; and

Pursuant to their further determination that MS. POPE's continued practice presents a danger of immediate and serious harm to the public;

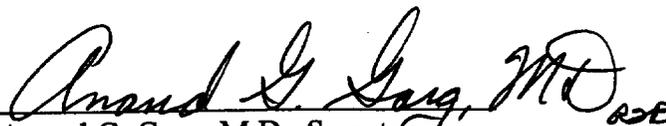
The following Order is hereby entered on the Journal of the State Medical Board of Ohio for the 14 th day of JULY, 1999 ;

It is hereby ORDERED that the certificate of registration of DEBORAH L. POPE, P.A., as a Physician Assistant in the State of Ohio be summarily suspended.

It is hereby ORDERED that DEBORAH L. POPE, P.A., shall immediately cease practice as a physician assistant.

This Order shall become effective immediately.

(SEAL)

  
Anand G. Garg, M.D., Secretary

JULY 14, 1999  
Date



# State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

EXCERPT FROM THE DRAFT MINUTES OF JULY 14, 1999

DEBORAH L. POPE, P.A. - ORDER OF SUMMARY SUSPENSION AND NOTICE OF OPPORTUNITY FOR HEARING

At this time the Board read and considered the proposed Order of Summary Suspension and Notice of Opportunity For Hearing in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. BUCHAN MOVED TO APPROVE THE ORDER OF SUMMARY SUSPENSION AND TO SEND THE NOTICE OF OPPORTUNITY FOR HEARING TO MS. POPE. DR. SOMANI SECONDED THE MOTION. A vote was taken:**

ROLL CALL:	Mr. Albert	- abstain
	Dr. Bhati	- aye
	Dr. Talmage	- aye
	Dr. Somani	- aye
	Dr. Egner	- aye
	Mr. Browning	- aye
	Dr. Stienecker	- aye
	Dr. Buchan	- aye
	Dr. Steinbergh	- aye

The motion carried.



# State Medical Board of Ohio

77 E. High Street, 17th Floor • Columbus, Ohio 43216-5031 • 614/456-2554 • Website: www.state.ohio.gov/med

July 14, 1999

Deborah L. Pope, P.A.  
121 Highland Lake Drive  
Lima, OH 45801

Dear Ms. Pope:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, or suspend your certificate of registration as a physician assistant, refuse to issue or reinstate your certificate, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) On September 10, 1998, in the Court of Common Pleas of Allen County, Ohio, you pled guilty to "Attempted Illegal Processing of Drug Documents," in violation of Sections 2923.02 and 2925.23 (B)(1) and (F)(2), Ohio Revised Code, a first degree misdemeanor.
- (2) The acts underlying your guilty plea include that, while in the employ of Peter C. Clemens, D.O., you obtained sixteen (16) pre-signed prescriptions, which contained only Dr. Clemens' signature. From July 29, 1996, through September 29, 1997, you completed the sixteen pre-signed prescriptions by filling in your name, the date, the name of the drug, an amount prescribed, the number of refills, and directions pertaining to the use of said drugs. As a result of your conduct, the following prescriptions were presented to pharmacies:

<u>Date on Prescription</u>	<u>Drug</u>	<u>Quantity</u>	<u>Refills</u>
07-29-96	Fiorinol	100	0
07-29-96	Tylenol #3	90	3
08-26-96	Stadol	1	5
09-11-96	Valium	40	2
11-26-96	Tylenol #3	60	3
12-23-96	Fiorinol	90	4
01-27-97	Levbid	60	3
01-27-97	Ercaf	100	4
02-14-97	Soma	40	3
03-31-97	Imitrex	1	4

<u>Date on Prescription</u>	<u>Drug</u>	<u>Quantity</u>	<u>Refills</u>
03-31-97	Stadol	1	4
05-07-97	Bentyl	100	5
06-24-97	Tylenol #3	70	4
07-02(?) -97	Fioricet	90	4
09-29-97	Fioricet	120	3
09-29-97	Tylenol #3	90	4

These prescriptions were not authorized by Dr. Clemens. Further, you admitted to a State Medical Board of Ohio Investigator that you knew it was wrong to complete the pre-signed prescriptions, but did so anyway.

- (3) As part of your sentence, on or about February 17, 1999, you participated in a substance abuse evaluation at Firelands Centre/Recovery Centre of Huron County ("Firelands"), which is not a State Medical Board of Ohio approved treatment provider.
- (A) On or about February 17, 1999, you signed an outpatient contract with Firelands. One of the items you agreed to in the outpatient contract was "To remain abstinent from all mood altering chemicals."
- (B) On or about March 3, 1999, you were diagnosed by Firelands as suffering from opioid dependence. The recommended course of treatment included attendance in an intensive outpatient program. You stated you were unable to attend an intensive outpatient program due to your work schedule, and were placed in an Adults At Risk program. You were instructed to remain abstinent from all mood altering substances and to take no medications unless they were prescribed by a doctor and taken as prescribed. Firelands also recommended that you attend two AA meetings per week and provide verification of your attendance.
- (C) On or about April 5, 1999, you admitted to your counselor at Firelands that you had been using alcohol throughout your counseling with Firelands. You stated that you were unaware that alcohol was a mood altering substance. You also admitted that you had tested positive in a urine screen conducted by the Huron County Probation Department for cannabinoids. You stated you used cannabinoids because you had a migraine.
- (D) Firelands recommended that you seek mental health counseling. On or about April 13, 1999, you were assessed by the Mercy Rehabilitation and

Wellness Center in Willard, Ohio. You were diagnosed with barbiturate dependence in remission. It was recommended that since you appeared to have a substance abuse problem with prescription drugs, you needed to be subject to random drug testing. It was also recommended that you needed tight probation supervision, including visits to your employer.

- (E) On or about May 5, 1999, you admitted to your counselor at Firelands that you had drug samples of "allergy medications, antibiotics, and non-addicting pain medications" at your residence. You stated that these medications posed no potential problems.
- (F) On or about June 16, 1999, you appeared at your session at Firelands smelling of alcohol, and upon being confronted you admitted that you had consumed alcohol. You were thereafter diagnosed as suffering from alcohol and cannabinoid abuse.

Your acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute "[a] plea of guilty to, or a judicial finding of guilt of, a misdemeanor committed in the course of practice" as that clause is used in Section 4730.25(B)(13), Ohio Revised Code (as in effect prior to March 9, 1999), to wit: Sections 2923.02 and 2925.23 (B)(1) and (F)(2), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (2) above, individually and/or collectively, constitute "[c]ommission of an act that constitutes a felony in this state regardless of the jurisdiction in which the act was committed" as that clause is used in Section 4730.25(B)(12), Ohio Revised Code (as in effect prior to March 9, 1999), to wit: Section 2925.23, Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (3) above, individually and/or collectively, constitute "[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice" as that clause is used in Section 4730.25(B)(5), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

You are further advised that you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that

DEBORAH L. POPE, P.A.

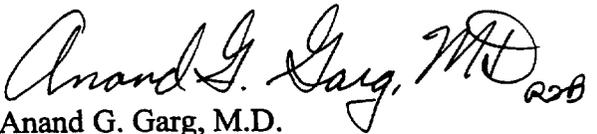
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at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke or suspend your certificate of registration as a physician assistant, refuse to issue or reinstate your certificate or to reprimand or place you on probation.

Copies of the applicable sections are enclosed for your information.

Very truly yours,

A handwritten signature in cursive script that reads "Anand G. Garg, M.D." with a circled "MD" and a small "228" to the right.

Anand G. Garg, M.D.  
Secretary

AGG/bjs  
Enclosures

CERTIFIED MAIL #Z 395 591 089  
RETURN RECEIPT REQUESTED

DUPLICATE MAILING TO:  
4541 Dogtown Road  
Monroeville, OH 44847-9763  
CERTIFIED MAIL #Z 395 591 075  
RETURN RECEIPT REQUESTED

cc: John A. Poppe, Esq.  
CERTIFIED MAIL # Z 395 591 059  
RETURN RECEIPT REQUESTED