

**AGENDA**  
**BOARD OF EXAMINERS FOR NURSING**  
**Department of Public Health**  
**410 Capitol Avenue, Hartford, CT**  
**June 1, 2022 - 8:30 AM**

**Chair Updates**  
**Additional Agenda Items and Reordering of Agenda**  
**Open Forum**  
**National Council of State Boards of Nursing - Update**

**CONNECTICUT LEAGUE FOR NURSING – Bi-Monthly Update**

**SCHOOL ISSUES**

- *Goodwin University – Commission on Collegiate Nursing Education Accreditation*
- *Arizona College of Nursing – Prelicensure Bachelor of Science in Nursing Degree Program*
- *Southern Connecticut State University – Site Visit*
- *NCLEX Results – May 1, 2021 to April 30, 2022*
  - RN Programs*
  - LPN Programs*
  - Current Conditional Approvals*

**MEMORANDUM OF DECISION**

- *Ashley Lambert, RN      Petition No. 2021-931*

**MOTION FOR SUMMARY SUSPENSION**

- *Lisa M. Simon, L.P.N.                      Petition No. 2021-578                      Staff Attorney Linda Fazzina*

**CONSENT ORDERS**

- *Stephanie Esposito, RN, APRN      Petition Nos. 2021-4; 2021-294                      Staff Attorney Joelle Newton*
- *Michelle Rosa-Harris, LPN.                      Petition No. 2020-658                      Staff Attorney Joelle Newton*
- *Danielle Howley, LPN.                      Petition No. 2021-557                      Staff Attorney Joelle Newton*
- *Richardson Montas, LPRN                      Petition No. 2019-1299                      Staff Attorney Aden Baume*

**HEARINGS**

- *Lynn Dougan, R.N                      Petition No.: 2021-1192                      Staff Attorney Aden Baume*
- *Portia Hamilton aka Portia Dayon, RN      Petition No. 2022-447                      Staff Attorney Craig Sullivan*
- *Rachel Pisani, APRN, RN                      Petition Nos. 2021-1209; 2021-1223      Staff Attorney Joelle Newton*

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## BOEN meeting 06/01/2022

### 1. **Goodwin University-For Your Information**

The Commission on Collegiate Nursing Education(CCNE) has granted accreditation to the Baccalaureate degree program at Goodwin University to 12/31/2031.

### 2. **Arizona College of Nursing (AZCN) :**

AZCN is requesting approval of a prelicensure Bachelor of Science in Nursing Degree Program (AZCN previously provided each BOEN member with a Feasibility Study and Program Proposal in either hard copy or electronic device).

AZCN is also providing additional information, as requested, on Faculty workload.

### 3. **Southern Connecticut State University (SCSU):**

The Department made a visit to the campus on 05/10/2022 as their Nursing Program has been moved into a new building. The tour was led by Dr. Maria Krol, the Chair of the Department of Nursing. There were multiple lecture halls/classrooms with state-of-the-art technology, restrooms, conference areas/work rooms/study rooms, study/gathering areas, a reception area, many (24 plus) large faculty offices that included lockable file cabinets, multiple storage areas, a file room that included lockable file cabinets, four very large laboratories, seven simulation suites, control rooms and debriefing rooms. Each laboratory contained 8 "hospital beds", exam tables, overbed tables, high fidelity manikins, cabinets for storage, handwashing sinks, tables and chairs, state-of-the-art technology, and adequate supplies to meet the needs of the program. The simulation suites included a home simulation suite with kitchen, living, bedroom and bathroom areas, a behavioral health suite and many medical suites. These physical facilities meet the Regulations.

### 4. **NCLEX data-from 05/01/2021 to 04/30/2022:**

#### a. **RN Programs:**

- i. Goodwin University- Accelerated: 52% & Associate: 69%
- ii. University of Saint Joseph- Accelerated : 77%

#### b. **LPN Programs:**

- i. Lincoln Technical Institute-Shelton campus , Day: 59%
- ii. Porter & Chester Institute-Bridgeport campus, Day 60%  
Rocky Hill campus, Evening 77%  
Stratford campus, Day 43% (closed 09/2021)  
Waterbury campus, Evening 43%
- iii. Stone Academy- East Hartford campus, Day 62% and Evening 48%  
Waterbury campus, Day 61% and Evening 65%  
West Haven campus , Day 44% and Evening 47%

**c. Please address the following:**

- i. On 06/16/2021 the BOEN placed the University of Bridgeport, BS Program on Conditional Approval due to their NCLEX test results of 78% during the period from 05/01/2020 to 04/20/2021. Present NCLEX test results are 81%.
- ii. On 06/16/2021 the BOEN placed Gateway Community College on Conditional Approval due to their NCLEX test results of 76% during the period from 05/01/2020 to 04/20/2021. Present NCLEX test results are 80%.
- iii. On 06/16/2021 the BOEN placed Norwalk Community College on Conditional Approval due to their NCLEX test results of 78% during the period from 05/01/2020 to 04/20/2021. Present NCLEX test results are 85%.
- iv. On 06/16/2021 the BOEN placed Saint Vincent's College on Conditional Approval due to their NCLEX test results of 77% during the period from 05/01/2020 to 04/20/2021. Present NCLEX test results are 83%.
- v. On 06/16/2021 the BOEN placed Lincoln Technical Institute's Shelton campus, Evening on Conditional Approval due to their NCLEX test results of 60% during the period from 05/01/2020 to 04/20/2021. Present NCLEX test results are 81%.
- vi. On 07/21/2021 the BOEN placed Porter & Chester Institute's (PCI) Enfield campus, Day on Conditional Approval due to their NCLEX test results of 72% during the period from 05/01/2020 to 04/20/2021. Present NCLEX test results are 100%.
- vii. On 07/21/2021 the BOEN placed PCI's Hamden campus, Day on Conditional Approval due to their NCLEX test results of 58% during the period from 05/01/2020 to 04/20/2021. Present NCLEX test results are 83%.
- viii. On 07/21/2021 the BOEN placed PCI's Hamden campus, Evening on Conditional Approval due to their NCLEX test results of 50% during the period from 05/01/2020 to 04/20/2021. Present NCLEX test results are 80%.
- ix. On 07/21/2021 the BOEN placed PCI's Waterbury campus, Day on Conditional Approval due to their NCLEX test results of 75% during the period from 05/01/2020 to 04/20/2021. Present NCLEX test results are 88%.



COMMISSION ON  
COLLEGIATE NURSING  
EDUCATION

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WASHINGTON DC 20001

202-887-6791

CCNEACCREDITATION.ORG

November 12, 2021

Vivienne Friday, EdD, MSN, RN, CNE  
Director, ABSN Program  
Department of Nursing  
Goodwin University  
One Riverside Drive  
East Hartford, CT 06118

Dear Dr. Friday:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on October 12-15, 2021 to grant accreditation to the **baccalaureate degree program in nursing** at Goodwin University for 10 years, extending to December 31, 2031. The accreditation action is effective as of February 10, 2021, which is the first day of the program's recent CCNE evaluation. You should plan for the next on-site evaluation to take place in the spring of 2031.

The program was considered by the Board using the *CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (2018)*.

At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there are compliance concerns with respect to Key Elements IV-G and IV-H.

A compliance report must be submitted to demonstrate the program's compliance with the following key elements:

1. Provide evidence that aggregate faculty outcomes demonstrate program effectiveness (Key Element IV-G). Specifically, provide evidence that the plan identified by the program in its response to the team report has been implemented.
2. Demonstrate that aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement (Key Element IV-H). Specifically, provide evidence that the plan identified by the program in its response to the team report has been implemented.

The deadline for submitting the compliance report to CCNE is December 1, 2022. Please email the report, along with appendices, if any, as a PDF attachment to [ccnereports@ccneaccreditation.org](mailto:ccnereports@ccneaccreditation.org).

As is required for all accredited programs, a continuous improvement progress report (CIPR) must be submitted at the midpoint of the accreditation term. The deadline for submitting the CIPR to CCNE is December 1, 2026.

Please note that each aforementioned report needs to demonstrate the program's compliance with the CCNE standards that are in effect at the time of the report's submission. As a courtesy, CCNE will send a reminder letter to the chief nurse administrator informing the program of the specific standards and/or key elements to be addressed in the report and provide guidance for the preparation of the report. The Report Review Committee, and then the Board of Commissioners, review each report. For more information about reports and the report review process, please refer to the CCNE procedures.

As you know, the team report and the program's response to the team report are available to the institution in the CCNE Online Community. We hope that the results of the self-study process and the team report will be useful to the continued growth and development of the nursing program. Due to limited access to the CCNE office as a result of the COVID-19 pandemic, the certificate of accreditation will be mailed to you when operations permit staff to do so.

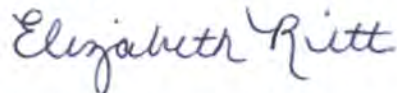
As previously conveyed by CCNE and in accordance with U.S. Department of Education requirements, CCNE is required to conduct an in-person verification visit, within a reasonable period of time, to all programs that have hosted a comprehensive virtual evaluation. CCNE will share additional information about this follow-up visit requirement at a later date.

In accordance with CCNE policy, if a program or institution elects to make a public disclosure of a program's accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. Please refer to CCNE's disclosure policy and the statements CCNE has approved for use, as well as information on use of the CCNE accreditation seal, at <http://www.aacnnursing.org/CCNE/Seal-Policy/Baccalaureate-Graduate>. Please ensure that the institution's website and other materials are updated to reflect this language, as appropriate.

As a reminder, programs are expected to comply with the CCNE standards and procedures throughout the period of accreditation. These documents are available at <https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Standards-Procedures-Guidelines>. Information on advising CCNE in the event of a substantive change affecting the nursing program is available at <https://www.aacnnursing.org/CCNE-Accreditation/What-We-Do/Bacc-Graduate-Change-Notifications>. Substantive change notifications must be received by CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are described further in the CCNE procedures.

Thank you for your participation in the CCNE accreditation process. The Commissioners join me in expressing our very best wishes as you continue to promote excellence in nursing education.

Sincerely,



Elizabeth Ritt, EdD, MSN, RN, NEA-BC, CNE  
Chair, CCNE Board of Commissioners

cc: President Mark Scheinberg  
CCNE Board of Commissioners  
CCNE Accreditation Review Committee  
CCNE Evaluation Team



COMMISSION ON  
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January 26, 2022

Vivienne Friday, EdD, MSN, RN, CNE  
Director, ABSN Program  
Department of Nursing  
Goodwin University  
One Riverside Drive  
East Hartford, CT 06118

Dear Dr. Friday:

The Substantive Change Review Committee (SCRC) of the Commission on Collegiate Nursing Education (CCNE) acted to accept the substantive change notification submitted to CCNE on August 16, 2021 by the nursing unit at Goodwin University. The substantive change notification is in regards to your appointment as chief nurse administrator, effective August 20, 2021.

As a reminder, all programs are expected to comply with the standards and procedures that are in effect throughout the period of accreditation. This includes advising CCNE in the event of a substantive change affecting the nursing program. Substantive change notifications must be received by CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are described further in the Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs (2021).

Thank you for providing CCNE with the substantive change notification. Please do not hesitate to contact LaKisha Dillingham, CCNE Accreditation Manager, at 202-887-6791 x272 or [ldillingham@ccneaccreditation.org](mailto:ldillingham@ccneaccreditation.org), if you have questions or need assistance.

Sincerely,

Elizabeth Ritt, EdD, MSN, RN, NEA-BC, CNE  
Chair, Board of Commissioners



# Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Goodwin University

Commission on Collegiate Nursing Education

Evaluation: February 10-12, 2021

Evaluation Team:

Stephanie Stewart, PhD, RN, Team Leader

Rob Dawson, DNP, RN, FNP-BC

Pam Ferguson PhD, CNE, RN-BC

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## Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), the accrediting body responsible for the evaluation of baccalaureate and graduate nursing programs, regarding the Bachelor of Science in Nursing (BSN) program at Goodwin University (GU) and its compliance with CCNE's standards for accreditation. The BSN program was granted initial accreditation by CCNE in 2016 and is being reviewed for continuing accreditation.

GU, located in East Hartford, Connecticut, on the shores of the Connecticut River, is a nonprofit, residential, open-admissions career university with an annual enrollment of approximately 4,800 students. Founded in 1999 (originally named Goodwin College), GU has been accredited by the New England Commission of Higher Education (NECHE) since 2004 and was approved by the state of Connecticut as a bachelor's degree-granting institution in 2008 and a master's degree-granting institution in 2017. It holds a Carnegie Classification of Special Focus Four-Year: Other Health Professions Schools.

Planning for the GU RN-BSN track began in 2007, with the first cohort graduating in 2012. The RN-BSN curriculum contains 21 core nursing credits. Expanding upon learning from the pre-licensure education, the nursing courses in the RN-BSN track are predominantly concerned with advancing the skills and knowledge of the registered nurse (RN), primarily associate degree (ADN) graduates in leadership, professionalism, community health, research, and health assessment. The intent of the educational experience is to facilitate graduates' abilities to expand their role as an RN within their professional scope of practice as they begin to identify their roles in positively impacting the delivery of healthcare. Students in the RN-BSN track are adult learners who are working RNs: 91% are female, 68% are White, 14% are Black or African American, and 11% are Hispanic. The median age is 33 years. The program is completely online, asynchronous, and uses Blackboard as its learning management system (LMS), which is GU's online platform, supported and managed by the Online Studies Division.

In 2018 the determination was made to work toward meeting consumer demand for accelerated BSN tracks (ABSBN). Planning ensued with the assistance of a consultant. The consultant, who had an extensive background in program development assisted existing faculty in preparing the program for approval by the Connecticut State Board of Examiners for Nursing. Students in the ABSBN track are adult learners with a bachelor's degree in a different discipline than nursing. The ABSBN track focuses its curriculum on preparing students for entry-level practice through the lens of a professional baccalaureate-prepared nurse. There are specific courses dedicated to the direct care practice of nursing, as well as courses that contribute to the student's development of nursing research, policy development, and leadership skills to facilitate their ability to contribute to the evolution of the discipline of nursing. Of those students in the ABSBN track, 85% are female, 63% are White, 5% are Black or African American, and 11% are Hispanic. The median age is 32 years.

In Academic Year 2019-20, there were 162 students enrolled in the RN-BSN track. After being approved by Connecticut State Board of Examiners for Nursing, in 2018, 24 students were admitted into the ABSN track in September 2019. The first cohort graduated in December 2020.

The team was afforded full cooperation in its efforts to assess the program and to confirm the self-study document. The team would like to take this opportunity to thank the program for its hospitality and consideration during the virtual evaluation.

In accordance with CCNE procedures, the team confirmed that the program afforded the opportunity for constituents to submit third-party comments directly to CCNE. No letters were received by CCNE.

### **Meeting of CCNE Standards**

While virtually visiting the campus in Hartford, Connecticut, the team had an opportunity to interview school and university officials; program faculty, a student, and alumni; and community representatives. The team reviewed information in the self-study document and in the virtual resource room as well as other materials provided at its request. In addition, the team observed online classroom activities. The following assessments were made regarding compliance with the *CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* by the baccalaureate program at the institution.

## Standard I Program Quality: Mission and Governance

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

This standard is met for the baccalaureate degree nursing program.

### I-A. The mission, goals, and expected program outcomes are:

- congruent with those of the parent institution; and
- reviewed periodically and revised as appropriate.

*Elaboration: The program's mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.*

*There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.*

Compliance Concern?

Baccalaureate:

No

### Rationale:

The program is in compliance with this key element because the team found that the BSN program's written mission, goals, and expected program outcomes (MGOs) are congruent with the mission of the Division of Nursing (DON) which is derived from the GU's mission. The mission of GU is "to educate a diverse student population in a dynamic environment that aligns education, commerce, and community. Our innovative programs of study prepare students for professional careers while promoting lifelong learning and civic responsibility. As a nurturing University community, we challenge students, faculty, staff, and administration to fully realize their highest academic, professional, and personal potential." Conversations with the president and provost confirmed that GU's mission statement is prominently displayed in the main lobby, in the sixth-floor boardroom, and in the faculty/staff lounge on the second floor as a reminder for faculty, staff, students, and visitors. The mission is also included in most print and online publications, including employee business cards. This information is also accessible to current and prospective students, faculty, and other constituents in the GU catalog, RN-BSN handbook, ABSN handbook, GU strategic plan, and the GU website. GU carries out its mission and considers the needs of the students by ensuring that the student is well cared for. The university provides money for shelter, babysitting services, food banks, and a variety of services to establish that the mission is carried out and students are successful.

In January 2020, when university status was attained, the nursing programs assumed the mission statement of the School of Nursing and Health Professions. The Division of Nursing (DON) mission is to “infuse an appreciation for lifelong learning in all students, resulting in excellence in healthcare and improved quality of life for those we serve.” This information is available to current and prospective students, faculty, and other constituents in the GU catalog, RN-BSN handbook, ABSN handbook, GU strategic plan, and the GU website. The process for periodic review of the MGOs is defined as every year at the annual retreat according to the BSN Program Systematic Plan for Evaluation (SPE) located in the virtual resource room reviewed by the team. The chief nurse administrator (CNA) confirmed that a review of the MGOs was accomplished most recently in September of 2020 in preparation for the CCNE virtual evaluation.

**I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.**

*Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:*

- The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];
- The Essentials of Master’s Education in Nursing (AACN, 2011);
- The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and
- Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016].

*A program may select additional standards and guidelines that are current and relevant to program offerings.*

*A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.*

*An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).*

**Compliance Concern?**                      Baccalaureate:    No

**Rationale:**

The program is in compliance with this key element because the DON identifies the *Essentials of Baccalaureate Education for Professional Nursing Practice (Baccalaureate Essentials)* [American Association of Colleges of Nursing (AACN) 2008], the American Nurses Association’s (ANA) *Scope and Standards of Practice*, and Quality and Safety Education for Nurses (QSEN) *Competencies* as its selected professional nursing standards and guidelines for curriculum guidance.

Faculty described retreats used to review the curriculum related to the concepts of the *Scope and Standards of Practice* and *QSEN Competencies* across the curriculum. A review of the syllabi of the first courses, NUR 300 and NUR 301 Foundations of Professional Nursing found concepts of patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics (*QSEN Competencies*).

The *Scope and Standards of Practice* is used for foundational learning of professionalism in the initial courses in each track, NUR 300 and NUR 301.

Retreats also serve as an opportunity to review and update the use of professional nursing standards and guidelines in the curriculum, which is largely based on the *Baccalaureate Essentials*. The *Baccalaureate Essentials* are written in the syllabi of all BSN courses reviewed in the virtual resource room.

**I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.**

*Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.*

**Compliance Concern?**                      Baccalaureate:    No

**Rationale:**

The program is in compliance with this key element. The identified community of interest (COI) includes alumni, employers, the Advisory Board, community and healthcare agencies and organizations who might be future employers of graduates, and regulatory and accreditation agencies, including the Connecticut State Board of Education, NECHE, and CCNE.

The MGOs are examined related to data from these groups at the annual retreat. Advisory Board members confirmed that they provide the faculty and administrators with information from the surrounding community which impacts the program. The Advisory Board is comprised of representatives from healthcare organizations, the insurance industry, public-community health organizations, schools of nursing, GU faculty and administration, and alumni.

The BSN Advisory Board meets in the spring and fall. They offer feedback to the CNA and faculty based on a review of the program's outcome data. The assessment of data provides direction for continued program quality improvement to keep pace with healthcare in the region.

A meeting with the registrar and finance personnel revealed that all healthcare facilities in the Hartford region require a BSN or the acquiring of the BSN within three years of hire. These data have confirmed the need for BSN education. The new ABSN track was developed in response to a community need for second-career nurses.

**I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.**

*Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).*

**Compliance Concern?**                      Baccalaureate:    No

**Rationale:**

The program is in compliance. Conversations with faculty confirmed that GU is primarily a teaching institution, so teaching excellence is a major focus of the faculty role. Faculty are expected to engage in teaching, scholarship, and service to the university, profession, and community. Faculty are introduced to these expectations at the time of recruitment and hiring and during orientation to the division. Full-time faculty in the university teach 15 credits per semester unless they are granted a course release to complete a scholarly activity or special project approved by their program director.

Faculty hold six office hours per week, and they are expected to be available Monday through Friday from 8:00 AM to 4:30 PM. These 35 hours per week do not require an onsite presence and office hours may be virtual for faculty who only teach online, through telephone or other online collaborative sessions. These requirements mirror those for all full-time faculty within the university. Nursing faculty in the RN-BSN track teach in the online environment and are required to interact with students a minimum of three times during the week and on one of the weekend days.

Faculty and administrators noted that most of their effort (90%) does focus on teaching; however, scholarship (5%) and service (5%) are critical components when faculty apply for a promotion in rank. This information is outlined in the faculty handbook reviewed in the virtual resource room. It is expected that nursing faculty will achieve an overall score of greater than 3.0 out of 4.0 on IOTA Solutions evaluations completed by students at the conclusion of each semester. Faculty were able to articulate their roles and their review process.

Conversations with faculty indicate that they can advance in rank. For example, full-time faculty can be ranked as instructor, assistant professor, associate professor, and professor. GU does not have a tenure system. Guidelines for full-time faculty promotion in rank is provided in the faculty handbook in the virtual resource room. Faculty reported that they get a thorough orientation upon hire and a review annually.

**I-E. Faculty and students participate in program governance.**

*Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.*

**Compliance Concern?**

**Baccalaureate:**

**No**

**Rationale:**

The team found the program to be in compliance with this key element because conversations with the administration of the university, DON faculty and administrators, and a student, indicated there is a well-developed shared governance system. Page 71 of the self-study document showed the structure of the committees involved. Because of this structure, the administration hears the voice of faculty and staff for consideration and action as appropriate.

Conversations with the president and the provost confirmed that the Faculty Senate serves as an anchor for many faculty issues. The provost reported an effective relationship with the Faculty Senate and consistently presents academic issues to this body for input and approval. Program faculty at the BSN level reported involvement in both university and DON levels of governance. DON faculty are well-represented on many university committees. Conversations with faculty indicated that their greatest contribution is their roles in Faculty Senate, where they can influence academic policies, such as repeats of courses, and faculty procedures, including the faculty performance review tool.

**I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:**

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

*Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.*

**Compliance Concern?**

**Baccalaureate:**

**No**

**Rationale:**

The program is in compliance with this key element because the team reviewed the handbook and website and confirmed that policies were clear and accessible. Policies are reviewed annually by the appropriate committee, according to the Systematic Plan for Evaluation.

In conversations with support personnel, the team noted that GU has an open enrollment policy; however, the BSN program has specific admission requirements depending on which track the students pursue. For example, in the past all applicants for the RN-BSN track must have successfully passed the NCLEX-RN® exam to be enrolled in the core nursing courses. At the current time, graduates of GU's ADN program may take the first two courses in the RN-BSN track if they have not passed the NCLEX-RN® and have met all graduation requirements to be eligible to take the exam. If they do not pass the NCLEX-RN®, they cannot continue in the RN-BSN track until that milestone is met.

In the ABSN track applicants must have, as one of their pre-admission requirements, a bachelor's degree with a 3.0 GPA or a GPA of 3.0 in their last 12 college credits attempted at GU.

The BSN program adheres to the following grading, progression, and retention policies (satisfactory academic progress). To progress, BSN students must follow a specific order of coursework (unless given special permission by the CNA) and attain a C+ or better in their coursework. Unlike other divisions in the university, the DON does not allow a student to repeat a course more than two times. Academic policies are communicated to



students upon admission through the GU academic catalog (provided in the virtual resource room,) and in an online orientation. Policy changes are communicated to students through Blackboard announcements, email alerts, and faculty communications, such as direct phone calls. Faculty confirmed that policies specific to a course requirement are stated in the course's syllabus.

**I-G. The program defines and reviews formal complaints according to established policies.**

*Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.*

**Compliance Concern?**                      **Baccalaureate:**    **No**

**Rationale:**

The program is in compliance with this key element because the GU academic undergraduate catalog outlines the process for students to follow regarding formal complaints. The DON defines a formal complaint as any situation that must be resolved beyond the CNA and the chair of the DON by the Academic Review Committee or provost. There have been no formal complaints by students in the BSN program. The graduate catalog and university policy website inform students of the university grievance procedure. The student and faculty articulated this process.

**I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.**

*Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.<sup>1,2</sup>*

*If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:*

*"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>)."*

*"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791."*

<sup>1</sup> Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

<sup>2</sup> Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2016).

**Compliance Concern?**                      **Baccalaureate:**    **No**

**Rationale:**

The program is in compliance with this key element. The CNA has regular communications with the marketing staff who are responsible for the review and dissemination of all public information. The staff reported they seek input and approval from the CNA for all printed (flyers, brochures), visual (videos), and electronic (webpage and links) materials for advertisements, recruitment, and other informational purposes. The CNA alerts the staff of program changes or newsworthy events, such as student or faculty accomplishments. The staff publish information after the CNA approves it.

The CNA reported that she is responsible for ensuring that all student academic materials are accurate and that they remain current throughout the year (e.g., program policies, university policies, and course offerings). The CNA communicates any program application or requirement changes that occur during the year to the marketing staff, students, and the admissions, registrar, and business office staff as appropriate. Any programmatic changes are communicated to current students through a Blackboard announcement or an email. The CNA and faculty conduct a formal review of information intended to inform the public every spring and as needed, and this review coincides with the revision and publication of the university online and print catalog. The catalog is the binding student/university agreement that provides pertinent information, such as the academic calendar, course offerings, tuition rates, academic policies, grading policies, and completion requirements.

The course catalog is updated each academic year; the Office of Institutional Effectiveness department requests that program directors and deans submit any changes to their section of the catalog, then the provost reviews and approves any changes before publication.

Specific to the BSN program there are separate handbooks for each track; the RN-BSN and ABSN handbooks, respectively. The CNA and faculty reported that they review both documents annually.

## Standard II

### Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

This standard is met for the baccalaureate degree nursing program.

**II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.**

*Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.*

*A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.*

**Compliance Concern?**                      **Baccalaureate:**    **No**

#### **Rationale:**

There is not a compliance concern with this key element. Through virtual interviews with administrators and faculty, the team confirmed the process of budgeting expenditures that includes input from faculty followed by oversight from the dean of nursing and health professions and final review with the college president and provost, with the Advisory Board having final approval. Faculty stated, "We all have a voice" in the budgeting process with examples provided such as additional simulation equipment and additional positions to support the ABSN track. Faculty discussed the structure of the budgeting process as was noted in the self-study document. Examples of additional expenditures that were requested through an interim budget request were provided in the self-study document and confirmed during interviews. With the addition of the ABSN track, additional personnel were needed to support this program and were approved. The budgeting process was described from all of those who participated in virtual meetings as an iterative process with the chief financial officer's office providing historical budgets and the last fiscal year's budget in a template to assist in the process. The president noted there was excess funding available if needed, especially during the COVID pandemic, to support the university. Also, tuition has remained stable for five years with some changes in the fee structure and tuition discounts. Faculty expressed knowledge of additional fees for enhanced online resources for student learning and thought adding the cost to the fee structure was a seamless practice to assist students. Tuition discounting is available, and alumni may receive a 30% tuition discount and non-alumni may receive a 25% tuition discount. Team interviews confirmed that tuition dollars are a primary revenue source and BSN admissions have been driven by the requirements for BSN-prepared RNs by community healthcare facilities.

Budgets were provided for fiscal years 2018, 2019, and 2020. This review demonstrated an increase in payroll salaries and wages- faculty of 30.6% and payroll and wages- adjunct of 77.5%. The ABSN track began in the fall of 2019 and the self-study document indicated additional faculty were hired to fulfill both administrative and full-time teaching roles. Salaries are benchmarked using AACN cumulative salary data for nursing programs found within the geographical area of the college. Faculty salaries fall within the ranges provided and this was confirmed with feedback from the CNA and nursing faculty. Pay ranges were provided for assistant and associate professors and further discussion with the CNA indicated there is flexibility within the range to determine appropriate salaries. Faculty indicated satisfaction with their salaries and the financial support they receive.

**II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.**

*Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.*

*A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.*

**Compliance Concern?**                      **Baccalaureate:**    **No**

**Rationale:**

There is not a compliance concern with this key element. Through virtual interviews, the team confirmed GU has adequate physical space for employees, students, student learning, and provide areas for social interactions. Faculty provide face-to-face or virtual visits with students and have the opportunity to schedule rooms as needed. GU offers more than 500 computers for student use and uses Blackboard as the LMS with plans to move to Canvas. A virtual tour of the campus provided visuals of the library, student support services offices, study spaces, student lounge, library, counseling services, and simulation labs with medium-fidelity/birthing mannequins plus examination tables. The addition of the ABSN track was supported by physical resources present for the ADN program and these resources were enhanced to meet the needs of additional students by adding more simulation space and equipment. Faculty noted the addition of classrooms to support the Universal Design for Learning (UDL). Faculty expressed satisfaction with laboratory resources, classroom resources, and technology support. Noted by faculty were the additions of technology applications to facilitate both the UDL and online learning due to COVID restrictions. Faculty also commented on the advantage of having embedded librarians in courses to facilitate student learning and access to the library.

Students complete clinical learning at primary, secondary, and tertiary care facilities and supplemental laboratories and use of an online learning platform for health assessment. Clinical agreements are maintained

with clinical agencies and were reviewed by the team. Although there are current restrictions due to COVID with some clinical agencies, faculty noted they have adequate facilities for the current student body. A student noted satisfaction with both of the laboratory experiences using simulation and laboratory equipment and the hospital clinical experiences.

**II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.**

*Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.*

**Compliance Concern?**

**Baccalaureate:**

**No**

**Rationale:**

There is no compliance concern with this key element because the team confirmed that academic support services are current, available, and accessible from the GU website and on campus. This website and on-campus services offers access to information about majors, admissions, academics, students support services, library, alumni, employers, and the college foundation and annual events and scholarships. Virtual interviews included dialogue with various leaders and managers of these support services and confirmed student accessibility and interdepartmental collaboration to meet the needs of the students. These services include a scheduled one-hour meeting with newly enrolled students with the financial aid department, one-on-one advising and support to submit needed documentation, transcript audits that are efficiently completed (one to two days) to support admissions, and embedded library resources in courses. The admissions and advising leaders noted that many students who complete an ADN return to complete further degrees at the BSN and MSN level. If possible, the same advisor is assigned for continuity and student satisfaction. The addition of an application, Starfish, is being implemented to assist students to be informed of their course status and progress. Faculty, institutional research, and other departments will be instrumental in facilitating effective implementation and success of this program. Faculty discussed ongoing collaboration with all academic support service personnel as did the academic support service personnel. The student interviewed expressed satisfaction with these services and felt once all courses went online, using these services online was more convenient. This student has not had the need to use all services available and faculty provided additional details about tutoring services.

**II-D. The chief nurse administrator of the nursing unit:**

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

*Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.*

Compliance Concern?

Baccalaureate:

No

**Rationale:**

There is not a compliance concern with this key element. The CNA has provided administrative and academic leadership for the nursing programs since November of 2019. Her original nursing degree was an earned ADN, followed by a BSN and MSN (FNP) from the University of Massachusetts, Amherst. The CNA completed her DNP from Kent State University in 2019. Prior to becoming the director of nursing/CNA at GU, she pursued a career that included practice as an FNP, adjunct teaching both clinically and didactically, administrative roles in nursing education, management roles in clinical practice, and multiple positions as an RN. The CNA demonstrates a 37-year career with multiple experiences in nursing practice, advanced nursing practice, and leadership/management roles.

Faculty confirmed an environment of collaboration and communication with the CNA as did other personnel within the university that provide student and faculty services. The president and associate dean of nursing and health professions commented on the work the CNA is doing to implement an advanced practice program.

**II-E. Faculty are:**

- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

*Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.*

*Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a justification for the use of any faculty who do not have a graduate degree.*

*Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.*

Compliance Concern?

Baccalaureate:

No

**Rationale:**

There is not a compliance concern with this key element. The team found that there are four full-time faculty for the ABSN track with oversight of two adjunct faculty used in Fall 2020. Full-time status is defined as 35

hours per week for three semesters per calendar year. Faculty's foremost expectation is teaching, with additional expectations for service and scholarship activities which was described during interviews related to rank promotion. Faculty CVs were reviewed for full-time and adjunct faculty. Educational attainment and licensing were confirmed.

Nursing faculty all hold a minimum of a master's degree, with the addition of some doctoral degrees. Teaching expertise is seen in the number of years full-time faculty have been teaching, and clinical specialties include community, pediatric, adult, mental health, obstetrics, and health assessment. Faculty interviews demonstrated these specialties as faculty discussed clinical experiences and course activities for students. GU has a Center for Teaching Excellence that houses the Online Studies Department that supports the use of the Blackboard LMS. The self-study document provided documentation (Appendix II-C.2.) of continuous educational presentations for faculty and students to achieve competency in using the LMS. Faculty have access to instructional designers to enhance online course development and support best practices in online learning. An example was provided by the student of providing feedback regarding the structure of the ABSN track with resulting revisions to offer two courses in the same semester.

**II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.**

*This key element is not applicable to a degree or certificate program that does not use preceptors.*

*Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:*

- *clearly defined and communicated to preceptors;*
- *congruent with the mission, goals, and expected student outcomes;*
- *congruent with relevant professional nursing standards and guidelines; and*
- *reviewed periodically and revised as appropriate.*

*Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.*

**Compliance Concern?**

Baccalaureate:

Not Applicable

**Rationale:**

This key element is not applicable, as the BSN program does not use preceptors.

**II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.**

*Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.*

- *Faculty have opportunities for ongoing development in teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence.*
- *Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*

Compliance Concern?

Baccalaureate:

No

**Rationale:**

There is not a compliance concern with this key element. The team confirmed multiple mechanisms to support faculty found in the self-study document and materials in Blackboard. Faculty teaching responsibilities include teaching, service, and scholarship with teaching comprising 90% of expected performance. Faculty confirmed that teaching is considered a priority, and materials found in the self-study document indicate service and scholarship activities. A faculty member commented on how the IRB Committee at GU, where she is a member, works to offer support to faculty to decrease complexity and encourage scholarly activity.

Funding is available and the operating budget confirmed expenditures on professional development. The annual performance evaluation allows faculty to confirm teaching, service, and scholarship accomplishments, goal setting, self-reflection, and demonstrating actions that support GU. Reimbursement dollars are provided, and faculty commented that they have not been denied financial assistance for professional development. All faculty are required to complete the UDL workshops and attend lunch and learns. Faculty CVs listed multiple professional development activities.



### Standard III

#### Program Quality: Curriculum and Teaching-Learning Practices

The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

This standard is met for the baccalaureate degree nursing program.

**III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:**

- are congruent with the program's mission and goals;
- are congruent with the roles for which the program is preparing its graduates; and
- consider the needs of the program-identified community of interest.

*Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.*

Compliance Concern?

Baccalaureate:

No

**Rationale:**

There is not a compliance concern with this key element because conversations with BSN program administrators and faculty confirmed that the operational mission for the DON is the foundation of the BSN program curricula and is grounded in four documents, the GU mission, the *Baccalaureate Essentials*, pathophysiology, leadership, policy development, informatics, healthcare quality, and professionalism. The curriculum of the ABSN track provides an additional eight courses that focus on clinical aspects of nursing across the curriculum. The RN-BSN track focuses on leadership, community, and evidence-based practice as a basis for professional practice. Administrators and faculty confirmed that the program outcomes for each track are the same.

Tables on pages 26 to 38 of the self-study document confirm the alignment of courses and course objectives with the program goals and the mission of the DON. Conversations with the Advisory Board confirmed that the program is meeting its MGOs.

**III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).**

*This key element is not applicable if the baccalaureate degree program is not under review for accreditation.*

*Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.*

Compliance Concern?

Baccalaureate:

No

**Rationale:**

There is not a compliance concern with this key element because program outcomes are clearly defined in the GU catalog and RN-BSN and ABSN handbooks. The team confirmed that outcomes reflect the *Baccalaureate Essentials*. All syllabi contain the *Baccalaureate Essentials*, *Scope and Standards for Nursing Practice*, and *QSEN Competencies*.

A student interview revealed that they are being prepared as professional nurses who are competent to assume roles in leadership, management, and as change agents and able to pursue advanced education. Examples of student work were available in the virtual resource room. Papers are written in APA Style and are reflective of the *Baccalaureate Essentials* and student learning outcomes. Student performance and outcomes are measured at the end of clinicals using course satisfaction and instructor evaluations. Courses and curricula are reviewed annually at retreats and changes are made as needed.

**III-C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).**

- Master's program curricula incorporate professional standards and guidelines as appropriate.
  - a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
  - b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
- Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

*This key element is not applicable if the master's degree program is not under review for accreditation.*

*Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.*

*Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:*

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

*Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.*

*Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.*

Compliance Concern?                      Master's:    Not Applicable

**Rationale:**

This key element is not applicable, as the master's degree program is not under review.

**III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).**

- DNP program curricula incorporate professional standards and guidelines as appropriate.
  - a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
  - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
- Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

*This key element is not applicable if the DNP program is not under review for accreditation.*

*Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.*

*DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthetist, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:*

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

*Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.*

*Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program deems this necessary.*

Compliance Concern?                      DNP:    Not Applicable

**Rationale:**

This key element is not applicable, as a DNP program is not under review.

**III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**

*This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.*

*Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.*

*APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:*

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

*Additional APRN core content specific to the role and population is integrated throughout the other role- and population-focused didactic and clinical courses.*

*Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.*

Compliance Concern?                      Post-graduate APRN certificate:                      Not Applicable

**Rationale:**

This key element is not applicable, as a post-graduate APRN certificate program is not under review.

**III-F. The curriculum is logically structured to achieve expected student outcomes.**

- **Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.**
- **Master’s curricula build on a foundation comparable to baccalaureate-level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.**
- **Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.**

*Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced nursing knowledge.*

*Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire the baccalaureate-level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.*

*DNP programs, whether post-baccalaureate or post-master’s, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). If the program awards the master’s degree as part of the DNP program, the program demonstrates how students acquire the master’s-level knowledge and competencies delineated in The Essentials of Master’s Education in Nursing (AACN, 2011) and, if applicable, Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).*

*The program provides a rationale for the sequence of the curriculum for each program.*

Compliance Concern?                      Baccalaureate:    No

**Rationale:**

There is not a compliance concern with this key element because through a review of the ABSN and RN-BSN curricula, the team confirmed both tracks have a foundation on the arts and sciences and a logical progression of courses. Through virtual interviews with faculty and a student, and a review of the prerequisites and nursing course syllabi, the team confirmed that both the RN-BSN and the ABSN tracks are based on a foundation of general education courses and each of the curricula are structured to meet the course and program outcomes.

Though program outcomes are the same, each track approaches the outcomes differently.

For example, in the ABSN track, the students must have completed a bachelor's degree and have taken chemistry, anatomy and physiology I and II, microbiology, statistics, and lifespan. Upon taking the nursing courses, the focus is preparing a professional nurse to excel in NUR 205 Health Assessment, NUR 215 Wellness, then move on to NUR 315 Wellness Across the Continuum, and NUR 457 Leadership.

The team confirmed through conversations with the faculty, that courses in the RN-BSN track build on the prelicensure education in the ADN program. All students must have an unencumbered license. This track is writing-intensive. As faculty have reported, the curriculum relies on the writing experiences obtained at a foundational level in prior general education coursework, to expand basic writing skills. Their courses progress through health assessment, community health, and leadership course. The faculty noted that the goal is to increase professionalism, leadership, and self-confidence.

**III-G. Teaching-learning practices:**

- support the achievement of expected student outcomes;
- consider the needs and expectations of the identified community of interest; and
- expose students to individuals with diverse life experiences, perspectives, and backgrounds.

*Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.*

*Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.*

Compliance Concern?                      Baccalaureate:    No

**Rationale:**

There is not a compliance concern with this key element. The team confirmed through virtual interviews with faculty and students, review of the self-study document, and Blackboard resources that a variety of teaching-learning practices for the adult learner are used to support the adult learner who has an average age of 28 years. Faculty and the student commented on using synchronous class sessions, voice-over PowerPoint, case studies, and the use of Shadow Health and Vita Sims. The student noted, "I am a hands-on learner" and

commented on the use of the lab to learn nursing skills that enhanced her learning and prepared her for her clinical rotation this spring semester. Review of ABSN and RN-BSN syllabi confirmed the use of didactic instruction, clinical instruction, lab instruction, online discussion, practices, group projects, faculty lead video presentations, and ATI testing.

Faculty commented on how they purposely engage students in activities that allow discussions that will expose students and student peers to diverse cultures within the DON. Multiple didactic practices and assignments are in place to expose students to diverse cultures and the term “cultural competency” was used by faculty several times. Faculty noted the student body in nursing are of diverse backgrounds and that purposeful teaching-learning practices have been put into place to facilitate engagement and discussions among students to assist in exposure and cultural learning. Healthy People 2030 guidelines are used to develop assignments and activities that include an OB assignment focused on a diverse population, cultural sensitivity lessons, and class presentations.

All faculty are required to complete a course in UDL and apply those concepts in teaching-learning practices. Faculty confirmed knowledge and a desire to use these strategies.

Members of the Advisory Board who attended the virtual meeting noted that GU nursing graduates are considered well-prepared nurses and are employed in many local facilities.

**III-H. The curriculum includes planned clinical practice experiences that:**

- enable students to integrate new knowledge and demonstrate attainment of program outcomes;
- foster interprofessional collaborative practice; and
- are evaluated by faculty.

*Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.*

*Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.*

**Compliance Concern?**

Baccalaureate:

No

**Rationale:**

There is not a compliance concern with this key element. Review of the syllabi noted prescribed clinical hours for appropriate courses, expectations of clinical outcomes, clinical coursework, and 1:3 credit hour to clock hour ratio. Clinical practices were adjusted due to COVID with alternative activities provided and

demonstrated in the self-study document. Faculty and students confirmed that student clinical evaluations are evaluated by the faculty of record and examples of completed evaluations included a faculty signature and faculty feedback. Examples of completed clinical learning objectives- faculty evaluation were provided and reviewed. Clinical learning objectives are based on the Massachusetts Department of Higher Education's *Nurse of the Future Core Competencies* and the *Lasater Clinical Judgment Rubric*. Clinical learning objectives are correlated with specific program outcomes with mid-semester and final comments provided and strengths, areas for further development, and achievements. This feedback is reviewed with the student and signed. Specific courses also require prescribed clinical paperwork that includes a concept map, review of medications, laboratories, focused care plan, assessment data, SBAR, and clinical journal. Student and faculty provide input, discussion, planning for the patient, and student learning. RN-BSN students complete a project based on identified needs in Health People 2030, choose a neighborhood, and complete a project that includes visiting and identifying areas for improvement.

In the ASBN track, students had clinical experiences where faculty reported that students had interprofessional experiences in medical surgical, pediatric, maternity, and geriatric care with the entire healthcare team. The ABSN students and the RN to BSN students had many experiences in the community with nutritionists, social workers, and public health officials.

**III-I. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.**

*Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.*

**Compliance Concern?**

**Baccalaureate:**

**No**

**Rationale:**

There is not a compliance concern with this key element because student performance is evaluated by faculty in the BSN program. Course syllabi delineate evaluation mechanisms for each course and include established grading rubrics. Rubrics are used across the program with well-defined criteria that link back to the *Baccalaureate Essentials*. Examples were provided of graded assignments using the rubrics. In clinical courses, students and faculty complete both a midterm and end-of-course evaluation. Clinical is graded as pass/fail using a Lasater Rubric leveled according to the expected student learning outcomes. A review of examinations and other student work indicated achievement of learning outcomes

**III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.**

*Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.*

**Compliance Concern?**

Baccalaureate:

No

**Rationale:**

There is not a compliance concern with this key element because all students enrolled in courses in the BSN program complete end-of-course evaluations each semester. The ABSN and RN-BSN curricula are evaluated per the SEP guidelines. Evidence was found in meeting minutes and documents in the virtual resource room, that these results were reviewed by faculty and appropriate changes made. Evidence was found in meeting minutes confirming the review of student concerns related to the sequencing of pathophysiology, pharmacology, and research in the ABSN track. After the faculty analyzed the student comments, the sequencing of the ABSN courses was adjusted and updated for future cohorts.

The CNA and faculty commented that end-of-course data are reviewed at DON retreats every 15 weeks. The president, provost, faculty, and student representative indicated a primary goal of the data review and subsequent program adjustments are to eliminate barriers to student learning in order to promote student success. Informally, faculty also adjust teaching-learning practices as needed. A student representative shared an example that in an online course, students were confused by the content and notified the faculty member. The faculty revamped the lesson and included Zoom conferencing for the whole class within a week of the concerns being identified.



## Standard IV

### Program Effectiveness: Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

This standard is met for the baccalaureate degree nursing program.

#### IV-A. A systematic process is used to determine program effectiveness.

*Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:*

- *is written, is ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

Compliance Concern?

Baccalaureate:

No

#### Rationale:

The team's review of documents in the virtual resource room and discussions with the CNA confirmed the BSN program uses a systematic process to obtain relevant qualitative and quantitative data to determine program effectiveness. The SEP is written, comprehensive, and includes timelines for data collection, analysis, and review. The SEP is reviewed and revised on a regular basis. The SEP was available in the virtual resource room.

#### IV-B. Program completion rates demonstrate program effectiveness.

*This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.*

*Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:*

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*
- *the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

*The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the*

*completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.*

Compliance Concern?                      Baccalaureate:    No

**Rationale:**

There is not a compliance concern because data reviewed from the last three years indicate that the completion rate of the BSN program exceeded the expected level of achievement of 70% for both of the BSN tracks when excluding students with identified factors of financial barriers, family obligations, relocation, transferred to another institution or changed to another major. Discussions with the CNA and data from the Office of Institutional Effectiveness confirmed the factors used for the calculation and the number of students excluded for each factor.

**IV-C. Licensure pass rates demonstrate program effectiveness.**

*This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.*

*Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:*

- *the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

*For each campus/site and track, identify which of the above options was used to calculate the pass rate.*

Compliance Concern?                      Baccalaureate:    No

**Rationale:**

There is not a compliance concern because the RN-BSN track does not prepare students for licensure. The ABSN track had its first graduates in December 2020 and will begin to test in Spring 2021; therefore, licensure pass rates are not yet known. Of the three known testers from this track, all have passed.

**IV-D. Certification pass rates demonstrate program effectiveness.**

*This key element is not applicable to a degree or certificate program that does not prepare individuals for certification examinations or does not yet have individuals who have taken certification examinations.*

*Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.*

*For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.*

*A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:*

- *the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

*The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.*

**Compliance Concern?**                      Baccalaureate:    Not Applicable

**Rationale:**

This key element is not applicable, as the BSN program does not prepare students for certification examinations.

**IV-E. Employment rates demonstrate program effectiveness.**

*This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.*

*Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.*

- *The employment rate is provided separately for each degree program (baccalaureate, master's, and DNP) and the post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.*
- *The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.*

**Compliance Concern?**                      Baccalaureate:    No

**Rationale:**

There is not a compliance concern with this key element because employment rates demonstrate program effectiveness and exceed both the 70% CCNE expected outcome and the 90% expected level of achievement identified by the nursing program. Data are collected post-graduation through an alumni survey and/or direct contact with graduates. A representative from Career Services indicated the BSN employment rate for the past year was 100%.

**IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.**

*This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).*

*Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.*

- *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

**Compliance Concern?**                      Baccalaureate:    No

**Rationale:**

There is not a compliance concern because data regarding completion, licensure, and employment are used to foster ongoing improvement of the program. An example provided by the faculty included using UDL strategies to decrease barriers to student learning by allowing students to demonstrate achievement of learning outcomes through bookmaking, voice-over PowerPoints, and poster presentations in place of discussion boards or research papers. A second example of using data to improve the program was upon review of employment surveys, faculty determined many graduates were working with geriatric populations. As a result, the curriculum was adjusted to add a geriatric- specific course.

**IV-G. Aggregate faculty outcomes demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:*

- *are identified for the faculty as a group;*
- *specify expected levels of achievement for the faculty as a group; and*
- *reflect expectations of faculty in their roles.*

*Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.*

**Compliance Concern?**                      Baccalaureate:    Yes

**Rationale:**

There is a compliance concern because the team's review of documents in the virtual resource room and discussions with the CNA and faculty confirm the DON does not collect aggregate faculty data. There are no identified metrics or expected levels of achievement for aggregate faculty in the areas of teaching, scholarship, or service. The faculty role at GU is identified as 90% teaching, 5% scholarship, and 5% service.

**IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.**

*Elaboration: The program uses faculty outcome data for improvement.*

- Faculty outcome data are used to promote ongoing program improvement.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

Compliance Concern?                      Baccalaureate:    Yes

**Rationale:**

There is a compliance concern because aggregate faculty outcomes with expected levels of achievement are not identified by the DON. The university collects data related to individual-level faculty performance through the IOTA Solutions system.

**IV-I. Program outcomes demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G).*

*Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.*

Compliance Concern?                      Baccalaureate:    No

**Rationale:**

Program outcomes are defined by the nursing program and incorporate expected levels of achievement. Three quality measures are identified and linked to the program outcomes and the *Baccalaureate Essentials*. An 80% or greater is expected on graduating student satisfaction surveys, alumni satisfaction surveys, and student performance scores on key assignments. The team’s review of documents in the virtual resource room confirmed the program exceeded expected levels of achievement on each of the defined quality indicators. Members attending the meeting with members of the Advisory Board and the career services team spoke highly of Goodwin nurses in the community and state.

**IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.**

*Elaboration: For program outcomes defined by the program:*

- Actual program outcomes are used to promote program improvement.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

Compliance Concern?                      Baccalaureate:    No

**Rationale:**

The team’s review of minutes from the DON retreat indicated use of data to make program improvements. The faculty and a student representative shared examples of curriculum and teaching-learning practice changes to adapt to student needs. For example, when students expressed concerns about needing more direction with

online modules, faculty added in Zoom video conferencing to provide clarity and more interactive experiences. A second example of use of data for program improvement was in the summer of 2020, IOTA data from end-of-course surveys indicated trends that student were unclear about expectations in certain courses due to discrepancies between syllabi and the LMS. As a result, the faculty instituted changes with assignment instructions. The faculty plan to review the data to determine if the changes will result in decreased concerns by students on future end-of-course surveys.

**Arizona College of Nursing is a nontenure institution.**

## **FACULTY WORKLOAD**

Faculty expectations are centered on the high value placed on the teaching and learning process. Faculty members who engage students through dynamic, stimulating, relevant, and evidence-based instructional strategies promote the deep learning that is required for students to be successful in the BSN Program and to graduate as competent nursing professionals. To that end, faculty are expected to spend sufficient time in planning instruction. Faculty also engage in self-reflection, analysis, evaluation, and revision of their content and teaching strategies. Feedback from students, peers, and academic leaders guide faculty to refine their teaching for instructional effectiveness. To achieve the goals of quality instruction, faculty workload is at the discretion of the Dean of Nursing and is based on campus needs and other factors as described below.

Annual teaching assignments, described below, are designed to allow for reflection, preparation, and revision of teaching and learning strategies.

### **FULL TIME FACULTY INSTRUCTIONAL WORKLOAD**

The average annual teaching assignment for a full-time faculty member is 36 credit hours (12 credit hours per semester). All full-time faculty teach on a year-round basis. One academic credit hour is calculated per modality of instruction:

- Didactic – 15 hours = 1 credit
- Skills – 30 hours = 1 credit
- Clinical – 45 hours = 1 credit

Student to faculty ratio is considered in the credit workload. For the credit workload above, in person didactic ratios are 40:1, online didactic ratios are 25:1, skills ratios are 20:1, and clinical ratios are 10:1.

A typical full-time semester of instruction might include two 90-hour didactic requirements (two 3-credit courses), two 30-hour skills lab requirements (two 1-credit labs), and two 90-hour clinical requirements (two 2-credit clinical segments).

Arizona College of Nursing is focused on its goal to educate nurses. As such, a major requirement for fulfillment of the faculty role is teaching and instruction excellence. The faculty role also includes three broad areas of accountability – teaching, service, and scholarship (see section on faculty outcomes). Hence, teaching, service and scholarship are considered in the determination of a faculty member's workload. The accountabilities as a percentage of total annual workload are described below. Annual workload is calculated each fiscal/academic year by the Dean. Faculty assignments and responsibilities may vary to reflect program needs and faculty area of expertise.

#### **Service**

All full-time faculty members are expected to provide service to the College, community and the profession in various forms and combinations depending on skill, interest, and career stage. Combined with scholarship, this portion of workload should not exceed 20 percent of total workload. Workload credit will be determined by the Dean and faculty and may vary to reflect the program needs.

Workload credit for service to the college varies. Examples include, but are not limited to, the following:

- Committee Chair = 1-2 credits per semester depending on time commitment
- Subject Matter Expert = 1-3 credits per semester depending on time commitment
- Committee Member = 1 credit
- Student Success Coach = 1-3 credits depending on time commitment
- Clinical Coordinator = 2-4 credits depending on time commitment

#### **Scholarship**

Full-time faculty members are expected to pursue scholarly activities by choosing a primary focus for scholarship and making specific contributions within the focus each year. Combined with service, this portion of workload should not exceed 20 percent of total workload. Workload credit will be determined by the Dean and faculty and may vary to reflect the program needs.

## PART TIME OR ADJUNCT FACULTY INSTRUCTIONAL WORKLOAD

The average annual teaching assignment for a part-time faculty member is 18 credit hours (6 credit hours per semester). All part-time faculty teach on a year-round basis. One academic credit hour is calculated per modality of instruction.

One academic credit hour is calculated per modality of instruction:

- Didactic – 15 hours = 1 credit
- Skills – 30 hours = 1 credit
- Clinical – 45 hours = 1 credit

Student to faculty ratio is considered in the credit workload for all faculty and follows the same ratios as previously discussed.

A typical part-time semester of instruction might include one 45-hour didactic requirements (one 3-credit course), two 30-hour skills lab requirements (two 1-credit labs), and one 45-hour clinical requirement (one 1-credit clinical segment).

## ADJUNCT FACULTY

Adjunct faculty are temporary part-time employees. They are contracted for specific teaching assignments online or in the classroom, simulation, or clinical/practicum setting, advising or special assignments.

Faculty workload for both full-time, part-time, and adjunct faculty includes all required orientations and meetings. All faculty are expected to maintain office hours that are determined collaboratively between the Dean and the individual prior to the beginning of each semester. All faculty must be available during the semester at times that are mutually convenient to students and faculty. At the beginning of each semester, nursing faculty must post a weekly schedule of office hours in the course LMS shell.

## PROFESSIONAL DEVELOPMENT

All regular full-time faculty members may be eligible to apply for faculty development funds of up to \$1,500 each academic year to cover costs associated with registration and travel to professional conferences or related activities.

### Vacation

Regular full-time faculty members are provided with paid vacation per year. Faculty vacation is scheduled each year to coincide with non-student attendance periods or as approved by the Dean. Any holidays that fall during these non-student attendance periods will not be counted as vacation days. Faculty vacation accrues on a calendar-year schedule and does roll over. All vacation requests must be submitted via Paylocity.



<b>NCLEX-RN</b> First Time Candidates % Passed	<u>2019</u>	<u>2019</u>	<u>2020</u>	<u>2020</u>	<u>2021</u>	<u>2021</u>	<u>2022</u>	<u>2022</u>
<b>MASTERS</b>								
Yale School of Nursing	94		98		96		87	
Fairfield University Open 03/2021							No data	
<b>BACCALAUREATE</b>	<b>BS</b>	<b>Accelerated</b>	<b>BS</b>	<b>Accelerated</b>	<b>BS</b>	<b>Accelerated</b>	<b>BS</b>	<b>Accelerated</b>
Central CT State University	100		97		96		96	
Fairfield University	93	98	97	98	96	97	94	86
Goodwin University						83		52
Quinnipiac University	94	96	90	96	85	85	85**	82**
Sacred Heart University	99		95		99	No data	95	100
Southern CT State University	100	97	95	100	100	94	92	100
University of Bridgeport	N/A		No data		78	No data	81	No data
University of Hartford					No data			No data
University of Connecticut								
Groton Campus/CEIN		97		97		96		90
Stamford Campus/CEIN		94		78		96		85**
Storrs Campus	98	98	98	100	94	96	91**	91**
Waterbury Campus/CEIN		100		97		98		94**
University of Saint Joseph	95	88	96	97	100	86	96	77
Western CT State University	94		92		91		91	
<b>ASSOCIATE DEGREE</b>	<b>Day</b>							
Capital CC*	89		87		80		86	
Gateway CC*	91		88		76		80	
Goodwin University	80		85		87		69	
Naugatuck Valley CC*	98		94		84		80	
Northwestern CC*	90		90		88		96	
Norwalk CC*	95		91		78		85	
ST. Vincent's College	82		85		77		83**	
Three Rivers CC*	93		92		97		94	
(* Community Colleges)								

\*\*= Results may change based on request from Nursing Programs/Schools to correct candidate information.

<b>NCLEX- PN</b> First Time Candidates % Passed	<u>CAMPUS</u>	<u>2019</u> Day	<u>2019</u> Evening	<u>2020</u> Day	<u>2020</u> Evening	<u>2021</u> Day	<u>2021</u> Evening	<u>2022</u> Day	<u>2022</u> Evening
	<b>LINCOLN TECHNICAL INSTITUTE</b>	New Britain	95	100	95	89	89	83	81
	Shelton	89	91	84	86	58	60	59	81
<b>PORTER and CHESTER INSTITUTE</b>	Bridgeport Open 09/15/2021	N/S	N/A	N/A	N/A	N/A	N/A	60	100
	Enfield	94	100	100	100	72	100	100	83
	Hamden	100	83	63	50	58	50	83	80
	Rocky Hill	79	100	82	54	93	67	94	77
	Stratford Close 09/2021	85	50	87	73	71	100	43	92
	Waterbury	80	89	90	88	75	50	88	43
<b>STONE ACADEMY</b>	East Hartford	84	93	73	84	75	74	62	48
	Waterbury	N/A	N/A	100	No data	82	82	61	65
	West Haven	71	93	48	80	51	73	44	47

**STATE OF CONNECTICUT  
BOARD OF EXAMINERS FOR NURSING**

Ashley Lambert, L.P.N.  
License No. 040682

Petition No. 2021-931

**MEMORANDUM OF DECISION**

**I**

***Procedural Background***

On November 18, 2021, the Department of Public Health ("Department") filed a Statement of Charges ("Charges") with the Board of Examiners for Nursing ("Board"). Board ("Bd.") Exhibit ("Ex.") 1. The Charges allege violations of Chapter 378 of the Connecticut General Statutes ("Conn. Gen. Stat.") by Ashley Lambert ("Respondent"), which would subject Respondent's licensed practical nurse license ("L.P.N.") license number 040682 to disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-99(b).

On November 18, 2021, the Department filed a Motion for Summary Suspension ("Motion") with the Board.

Based on the allegations in the Charges, and the affidavits and reports attached to the Motion, the Board found that Respondent's continued nursing practice presented a clear and immediate danger to public health and safety. Accordingly, on December 1, 2021, pursuant to Conn. Gen. Stat. §§ 4-182(c) and 19a-17(c), the Board granted the Department's motion and ordered that Respondent's L.P.N. license be summarily suspended, pending a final determination by the Board of the allegations contained in the Charges ("Summary Suspension Order"). Bd. Ex. 3.

On December 2, 2021, the Summary Suspension Order, Charges, and Notice of Hearing ("Notice") were sent by first class mail to Respondent at 919 Thompson Road, Thompson, CT 06277-1909, Respondent's address of record on file with the Department. Bd. Ex. 4.

The hearing was held on December 15, 2021. Respondent appeared at the hearing. She was not represented by an attorney. Transcript ("Tr.") p. 3. Attorney Diane Wilan represented the Department. *Id.*

Following the close of the record, the Board conducted fact finding.

Each member of the Board involved in this decision attests that he or she was present at the hearing, or has reviewed the record, and that this decision is based entirely on the record, the law, and the Board's specialized professional knowledge in evaluating the evidence. *Pet v. Department of Health Services*, 228 Conn. 651 (1994).

## II

### *Allegations*

1. In paragraph 1 of the Charges, the Department alleges that Respondent, of Thompson, Connecticut is, and has been at all times, as referenced in the Charges, the holder of Connecticut L.P.N. license number 040682.
2. In paragraph 2 of the Charges, the Department alleges that the Board issued a Consent Order in Petition Number 2019-537 ("Consent Order") that placed Respondent's L.P.N. license on probation for a period of four years.
3. In paragraph 3 of the Charges, the Department alleges that said Consent Order specifically provided in Paragraph 3B that "Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications." Said Consent Order also provided in Paragraph 3B(1) that "Respondent shall submit to observed random urine screens for drugs and alcohol..." and in Paragraph 3B(5) that "all screens shall be negative for the presence of drugs and alcohol."
4. In paragraph 4 of the Charges, the Department alleges that on or about June 24, 2021, Respondent tested positive for a benzodiazepine. Mass spectrometry confirmed Oxazepam at a level of 250 ng/ml.
5. In paragraph 5 of the Charges, the Department alleges that Respondent's conduct as described above constitutes violations of the terms of probation as set forth in the Consent Order, and/or subjects Respondent's license to revocation or other disciplinary action authorized by Conn. Gen. Stat. §§ 19a-17 and 20-99(b).

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III

*Findings of Fact*

1. Respondent, of Thompson, Connecticut, is, and has been at all times, as referenced in the Charges, the holder of Connecticut L.P.N. license number 040682. Tr. p. 6.
2. The Board issued a Consent Order in Petition Number 2019-537 that placed Respondent's L.P.N. license on probation for a period of four years. Tr. p. 6; Department ("Dept.") Ex. 1, pp. 5-6, 19 (under seal).
3. Said Consent Order specifically provided in Paragraph 3B that "Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications." Said Consent Order also provided in Paragraph 3B(1) that "Respondent shall submit to observed random urine screens for drugs and alcohol..." and in Paragraph 3B(5) that "all screens shall be negative for the presence of drugs and alcohol." Tr. pp. 6-7; Dept. Ex. 1, pp. 6, 21.
4. From June 9, 2021, to June 14, 2021, Respondent was hospitalized for major surgery. On June 10, 2021, a hospital staff person administered a prescribed benzodiazepine (valium 5 mg) to Respondent. Benzodiazepines are a class of drugs which includes diazepam (valium), which metabolizes into nordazepam. Nordazepam, in turn, metabolizes into oxazepam, which is also known as serax. Tr. pp. 13-14 (under seal), 19-20 (under seal); Dept. Ex. 1, pp. 19-20, 27, 29, 56 (under seal).
5. On June 14, 2021, Respondent was discharged from the hospital. Dept. Ex. 1, p. 1 (under seal).
6. On June 24, 2021, Respondent tested positive for a benzodiazepine. On that same date, the mass spectrometry confirmed the presence of oxazepam at a level of 250 ng/ml. Tr. p. 7; Dept. Ex. 1, pp. 1-2 (under seal). The cut off level for oxazepam is 100 ng/ml. Dept. Ex. 1, pp. 1, 24 (under seal).
7. Oxazepam is also known as serax. On average, it can be detected in a urine specimen for up to, ten (10) days. (Dept. Ex. 1, p. 19 (under seal)). However, it is possible for it to be detected for up to fourteen (14) days, or longer. Tr. pp. 20-21 (under seal).

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## V

*Discussion and Conclusions of Law*

The Department bears the burden of proof by a preponderance of the evidence in this matter. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727, 739-740 (2013). The Department sustained its burden of proof with regard to all of the allegations contained in the Charges.

Conn. Gen. Stat. § 20-99 provides, in pertinent part:

- (a) The Board . . . shall have jurisdiction to hear all charges of conduct which fails to conform to the accepted standards of the nursing profession brought against persons licensed to practice nursing. After holding a hearing . . . said board, if it finds such person to be guilty, may revoke or suspend his or her license or take any of the actions set forth in section 19a-17. . . .
- (b) Conduct which fails to conform to the accepted standards of the nursing profession includes, but is not limited to, the following: . . . (5) abuse or excessive use of drugs, including alcohol, narcotics, or chemicals; . . .

Respondent admitted all of the allegations contained the Charges. Findings of Fact (“FF”) 1-7.

With respect to the allegations contained in paragraphs 2 and 3 of the Charges, the record establishes, and Respondent admits, that the Board issued a Consent Order in Petition Number 2019-537 that placed Respondent’s L.P.N. license on probation for a period of four years. The record also establishes, and Respondent admits, that such Consent Order specifically provided in Paragraph 3B that, “Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.” Further, the record establishes, and Respondent admits, that said Consent Order provided in Paragraph 3B(1) that “Respondent shall submit to observed random urine screens for drugs and alcohol…” and Paragraph 3B(5) provided that “all screens shall be negative for the presence of drugs and alcohol.” FF 2-3. Therefore, the Department met its burden of proof with respect to these allegations.

With regard to the allegations contained in paragraph 4 of the Charges, the record establishes that from June 9, 2021, to June 14, 2021, Respondent was hospitalized for major surgery. FF 4. On June 10, 2021, a hospital staff person administered a prescribed

benzodiazepine (valium 5mg) to Respondent. Benzodiazepines are a class of drugs which includes diazepam, (valium) which metabolizes into nordazepam. Nordazepam, in turn, metabolizes into oxazepam, which is also known as serax. *Id.*

On June 14, 2021, Respondent was discharged from the hospital. FF 5.

On June 24, 2021, Respondent tested positive for a benzodiazepine. On that same date, the mass spectrometry confirmed the presence of oxazepam at a level of 250 ng/ml. FF 6. The cut off level for oxazepam is 100 ng/ml. *Id.*

Oxazepam is also known as serax. On average, Oxazepam can be detected in a urine specimen for up to ten (10) days. FF 7. However, it is possible for it to be detected for up to fourteen (14) days, or longer. *Id.*

The record establishes that Respondent's June 24, 2021, positive drug test for oxazepam constitutes a violation of her January 15, 2020, Consent Order which became effective on February 1, 2020.

At the December 15, 2021, hearing, to prove its case, the Department relied on its investigative report, and other documentary evidence, and the testimony of its nurse consultant. One of the nurse consultant's duties is to monitor the licensee's compliance with the terms of her/his probation. At the hearing, the Department's nurse consultant testified that she conferred with the medical review officer ("MRO"). She testified that the MRO reviews the licensee's laboratory reports, compliance with the chain of custody protocols, and any other relevant documents to determine, based on his experience and knowledge, whether a plausible explanation for a positive drug screen exists. The nurse consultant testified that in this case, the MRO opined that it takes ten (10) days, on average, for diazepam/valium to metabolize in one's digestive system. Tr. pp. 10-11 (under seal). Because Respondent produced a positive urine screen fourteen (14) days after she was given valium in the hospital, the MRO concluded that the testing data did not support Respondent's claim of an authorized benzodiazepine use. The MRO had also determined that confirmation testing ruled out a false positive test potentially caused by other medication. Dept. Ex. 1, pp. 2, 71-73 (under seal). The nurse consultant also testified that the MRO further stated that Respondent's positive drug test results, which were more than ten (10) days after her ingestion of valium, suggested Respondent's use was more recent. Dept. Ex. 1, p. 71 (under seal).

During the hearing, Respondent credibly testified that she was given valium while she was in the hospital and that she did not take any other prescription medication. She testified that she was in bed for two weeks, eating or drinking very little. She further testified that the valium that she was given may have taken longer to metabolize in her system because she was eating and drinking very little for during the two-week period following her discharge from the hospital. Tr. pp. 13-14 (under seal).

The evidence establishes that the June 24, 2021, incident was Respondent's only positive drug screen during the period of February 1, 2020, to June 24, 2021. Dept. Ex. 1, p. 1 (under seal). In addition, every urine screen Respondent has produced since June 24, 2021, have all been negative, excluding any prescribed medications. The record further establishes that Respondent was compliant with the terms of her probation prior, and subsequent to, her hospitalization, as documented by her physician's submission of controlled substance prescription reports (Respondent ("Resp.") Ex. 1 (under seal)), and Respondent's support group meetings' attendance logs. Resp. Ex. 2 (under seal). Taken together, the Board found that all of this evidence corroborated Respondent's testimony.

Respondent's therapist also submitted timely reports which document that Respondent is actively engaged in the treatment process. The reports show that Respondent is attending support group meetings several times per week and that Respondent is demonstrating good insight and is making good progress. Dept. Ex. 1, pp. 84-87 (under seal). The therapist's reports also stated that Respondent could practice nursing safely and competently from a therapeutic perspective. *Id.*

In using its specialized professional knowledge in evaluating the evidence, the Board determined that the MRO's assessment of how long it takes for a long-acting benzodiazepine to metabolize was based on an average. The Board determined that the MRO was not aware, and did not consider, that Respondent ate or drank very little for two weeks following her discharge from the hospital. The Board determined that Respondent's limited ingestion of food and liquids for the two-week period following her discharge from the hospital could explain why it took more than 10 days for the metabolite to clear Respondent's system. Dept. Ex. 1, pp. 19-20 (under seal).

Based on the totality of the evidence, the Board concluded that Respondent's testimony that she did not take any valium after she was discharged from the hospital was credible. The



Board also concluded that although ten (10) days is the - average period of time for the drug to metabolize, given Respondent's credible testimony that she ingested very little food and liquids during the two-week period following her hospitalization, it was plausible that the oxazepam metabolite could be detected in her urine sample for up to fourteen (14) days, or longer. FF 7.

The conduct admitted, in conjunction with the Department's sustaining its burden of proof, renders Respondent's license subject to sanctions, including, among others, revocation, suspension or probation. *See* Conn. Gen. Stat. §§ 19a-17(a)(1), (2) and (5). Based on the totality of the evidence and Respondent's credible testimony that she does not take any medication that is not prescribed for her (Tr. p. 13), the Board finds that Respondent can practice nursing with reasonable skill and safety under the terms of this Order.

## V

### *Order*

Based on the record in this case, the above findings of fact, and conclusions of law, and pursuant to the authority vested in it by Conn. Gen. Stat. §§ 19a-17(a)(1), (2) and (5) and 20-99(b)(5), the Board finds that the conduct alleged and proven warrants the disciplinary action imposed by this Order, as set forth below:

1. Respondent's license shall be on probation for the remainder of the original four-year period, as set forth in the January 15, 2020, Consent Order which became effective on February 1, 2020. The January 15, 2020, Consent Order, with an effective date of February 1, 2020, is hereby replaced in its entirety with the terms and conditions set forth below. If any of the conditions of probation are not met, Respondent's L.P.N. license may be subject to disciplinary action pursuant to Conn. Gen. Stat. § 19a-17.
  - A. During the remainder of the probationary period, the Department shall pre-approve Respondent's employment and/or change of employment within the nursing profession.
  - B. Respondent shall not be employed as a nurse for a personnel provider service, assisted living services agency, homemaker-home health aide agency, or home health care agency, and shall not be self-employed as a nurse during the probationary period.

- C. Respondent shall provide a copy of this Decision to any and all employers if employed as a nurse during the probationary period. The Department shall be notified in writing by any employer(s), within 30 days of the commencement of employment, as to receipt of a copy of this Decision.
- D. If employed as a nurse, Respondent shall cause employer reports to be submitted to the Department by her immediate supervisor during the remainder of the probationary period. Employer reports shall be submitted, commencing with the report due on the first business day of the month following employment as a nurse. Employer reports shall be submitted quarterly for the remaining eight months of the second year, quarterly for the third year of the probationary period and monthly for the fourth year of the probationary period.
- E. The employer reports cited in Paragraph D above shall include documentation of Respondent's ability to practice nursing safely and competently. Employer reports shall be submitted directly to the Department at the address cited in Paragraph P below.
- F. If Respondent's employment as a nurse is involuntarily terminated or suspended, Respondent and her employer shall notify the Department within 72 hours of such termination or suspension.
- G. If Respondent pursues further training in any subject area that is regulated by the Department, Respondent shall provide a copy of this Decision to the educational institution or, if not an institution, to Respondent's instructor. Such institution or instructor shall notify the Department in writing as to receipt of a copy of this Decision within 15 days of receipt. Said notification shall be submitted directly to the Department at the address cited in Paragraph P below.
- H. At her expense, Respondent shall continue to engage in therapy and counseling for chemical dependency with a licensed or certified therapist, approved by the Department, during the remainder of the probationary period.
- I. Respondent shall provide a copy of this Decision to her therapist. The Department shall be notified in writing by her therapist, within 30 days of the effective date of this Decision, as to receipt of a copy of this Decision.

- J. Respondent shall cause evaluation reports to be submitted to the Department by her therapist during the remainder of the probationary period. Therapist reports shall be submitted quarterly for the remainder of the second year, quarterly for the third year of the probationary period and monthly for the fourth year of probation.
- K. The therapist reports cited in Paragraph J above shall include documentation of dates of treatment and an evaluation of Respondent's progress, including alcohol and drug free status and Respondent's ability to practice nursing safely and competently. Therapist reports shall be submitted directly to the Department at the address cited in Paragraph P below.
- L. Observed random urine screens
- (1) At her expense, Respondent shall be responsible for submitting to observed, random, chain of custody urine screens for alcohol and drugs for the entire probationary period at a testing facility approved by the Department. Random alcohol/drug screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process.
  - (2) Respondent shall be responsible for notifying the laboratory, her therapist, the Department, and her prescribing practitioner of any drug(s) she is taking. For any prescription of a controlled substance(s) for more than two consecutive weeks, Respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports to the Department until such time as the controlled substance(s) is/are no longer prescribed. The reports shall include the following:
    - a. A list of controlled substances prescribed by this provider;
    - b. A list of controlled substance(s) prescribed by other providers;
    - c. An evaluation of Respondent's need for the controlled substances; and
    - d. An assessment of Respondent's continued need for the controlled substance(s).
  - (3) There must be at least one such observed, random alcohol/drug screen on a *weekly* basis during the remainder of the probationary period.

(4) Random alcohol/drug screens shall be negative for the presence of alcohol and drugs; excluding the drugs that Respondent's providers prescribe. All urine screens for alcohol will be tested for Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS) metabolites. All positive screen results shall be confirmed by the Gas Chromatograph Mass Spectrometer (GC/MS) testing method. Chain of custody documentation must accompany all laboratory reports and/or the laboratory reports must indicate that chain of custody procedures have been followed.

(5) Random alcohol/drug screens must include testing for the following substances:

Amphetamines	Methadone
Barbiturates	Methaqualone
Benzodiazepines	Opiates (Metabolites)
Cannabinoids (THC Metabolites)	Phencyclidine (PCP)
Cocaine	Propoxyphene
Meperidine (Demerol)	Ethanol (alcohol)
Fentanyl	Stadol
Tramadol	

(6) Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department, at the address cited in Paragraph P below, by Respondent's therapist, personal physician, or the testing laboratory.

M. Respondent shall not obtain for personal use and/or use alcohol or any drug that has not been prescribed for her for a legitimate purpose by a licensed health care practitioner authorized to prescribe medications. Respondent shall not abuse and/or excessively use any drugs that are prescribed for a legitimate medical purpose.

N. Respondent is hereby advised that the ingestion of poppy seeds may produce a positive drug screen result indicating the presence of opiates/morphine. The ingestion of mouthwash, over the counter cough suppressants and cold/flu remedies may produce a positive result indicating the presence of alcohol. For that reason, any food substance containing poppy seeds, mouthwash, and over the counter cough suppressants and cold/flu remedies should be avoided during the probationary period. In the event that a drug/alcohol screen is positive for

opiates/morphine and/or alcohol, the ingestion of poppy seeds, mouthwash, and over the counter cough suppressants and/or cold/flu remedies shall not constitute a defense to such positive screen.

- O. The Department must be informed in writing prior to any change of address.
- P. All communications, payments if required, correspondence, and reports are to be addressed to:

Practitioner Monitoring and Compliance Unit  
Department of Public Health  
Division of Health Systems Regulation  
Board of Examiners for Nursing  
410 Capitol Avenue, MS #12HSR  
P. O. Box 340308  
Hartford, CT 06134-0308

- 2. Any deviation from the terms of probation, without prior written approval by the Board, shall constitute a violation of probation which will be cause for an immediate hearing on charges of violating this Order. Any finding that Respondent has violated this Order will subject Respondent to sanctions under Conn. Gen. Stat. §§ 19a-17(a) and (c), including but not limited to, the revocation of her license. Any extension of time or grace period for reporting granted by the Board shall not be a waiver of or preclude the Board's right to take subsequent action. The Board shall not be required to grant future extensions of time or grace periods. Notice of revocation, or other disciplinary action, shall be sent to Respondent's address of record which is deemed to be the most current address reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
- 3. This document has no bearing on any criminal liability without the written consent of the Director of Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

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This Order is effective on the date it is signed by the Board.

The Board hereby informs Respondent, Ashley Lambert, and the Department of this decision.

Dated at Waterbury, Connecticut this \_\_\_\_\_ day of June 2022.

BOARD OF EXAMINERS FOR NURSING

By \_\_\_\_\_  
Patricia C. Bouffard, D.N.Sc., Chair

## SUMMARY SUSPENSION COVER SHEET

In re: Lisa M. Simon, L.P.N.

Petition No. 2021-578

1. Lisa M. Simon of Ansonia, Connecticut (“respondent”) graduated from Kaynor Vocational Technical School in 1995. She was issued license number 025783 to practice as a licensed practical nurse on July 14, 1995.
2. On or about September 16, 2021, the Vermont Board of Nursing issued a Summary Suspension Order (“Vermont Order”) suspending respondent’s ability to practice nursing in Vermont based, in part, upon findings that an emergency action was necessary to prevent patient harm and to protect the public in connection with the misuse of a credit card belonging to a resident of Wake Robin Care Home in Shelburne, Vermont (“Wake Robin”).
3. In or about April 2021, respondent was working as a travel nurse at Wake Robin. At that time, respondent did not hold a Vermont nursing license, but she was authorized to practice under Vermont law by virtue of having a valid Connecticut nursing license in good standing.
4. In or about April and/or May 2021, respondent violated the standard of care of the nursing profession and/or engaged in unprofessional conduct in that she misappropriated and/or fraudulently used a credit card belonging to a Wake Robin resident.
5. For the foregoing reasons, the Department believes that respondent’s continued practice as a licensed practical nurse represents a clear and immediate danger to the public health and safety. The Department respectfully requests that this Board summarily suspend respondent’s license until a full hearing on the merits can be held.

**CONFIDENTIALITY NOTICE: This document and all attachments may contain information that is confidential or privileged. Please do not disseminate, distribute or copy the contents or discuss with parties who are not directly involved in this petition.**

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Lisa M. Simon, L.P.N.

Petition No. 2021-578

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health ("the Department") hereby moves in accordance with the Connecticut General Statutes §§4-182(c) and 19a-17(c) that the Connecticut Board of Examiners for Nursing summarily suspend the license of Lisa M. Simon to practice as a licensed practical nurse in Connecticut. This motion is based on the attached Statement of Charges, documents, and reports and on the Department's information and belief that the continued practice of Lisa M. Simon represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 25th day of May, 2022.



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Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Lisa M. Simon, L.P.N.

Petition No. 2021-578

**STATEMENT OF CHARGES**

Pursuant to Connecticut General Statutes §§19a-10 and 19a-14, the Department of Public Health ("the Department") brings the following charges against Lisa M. Simon:

1. Lisa M. Simon of Ansonia, Connecticut ("respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut licensed practical nurse license number 025783.
2. On or about September 16, 2021, the Vermont Board of Nursing issued a Summary Suspension Order ("Vermont Order") suspending respondent's ability to practice nursing in Vermont based, in part, upon findings that an emergency action was necessary to prevent patient harm and to protect the public in connection with the misuse of a credit card belonging to a resident of Wake Robin Care Home in Shelburne, Vermont ("Wake Robin").
3. In or about April 2021, respondent accepted an assignment as a travel nurse at Wake Robin. At that time, respondent did not hold a Vermont nursing license, but she was authorized to practice in Vermont pursuant to Act 6 of the 2021 Session Laws of the State of Vermont by virtue of having a valid Connecticut nursing license in good standing.
4. In or about April and/or May 2021, respondent violated the standard of care of the nursing profession and/or engaged in unprofessional conduct in that she misappropriated and/or fraudulently used a credit card belonging to a Wake Robin resident.
5. Respondent failed to report to the Department, as required by Connecticut General Statutes §19a-12e(e), the disciplinary action taken by the Vermont Board of Nursing under the Vermont Order.
6. The above facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §§19a-17(f), 19a-12e(e) and/or 20-99, including, but not limited to §20-99(b)(2) and/or §20-99(b)(6).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by Connecticut General Statutes §§20-99(b) and 19a-17, revoke or order other disciplinary action against the license of Lisa M. Simon as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 25th day of May, 2022.



\_\_\_\_\_  
Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Stephanie A. Esposito, RN, APRN

Petition Number: 2021-4  
Petition Number: 2021-294

**CONSENT ORDER COVER SHEET**

1. Stephanie A. Esposito ("respondent") of Milford, Connecticut graduated from Bridgeport Hospital School of Nursing and received her registered nursing license in 2011. She received an advanced degree from Herzing University in 2019 and her advanced practice registered nurse license in 2020. She has no prior discipline.
2. From approximately February 26, 2020 through December 24, 2020, while practicing nursing at Bridgeport Hospital, respondent's conduct failed to conform to the accepted standards of the nursing profession, in one or more of the following ways, in that she:
  - a. inappropriately accessed medical records for two individuals with whom she did not have a patient-provider relationship; and/or
  - b. failed to comply with the Health Insurance Portability and Accountability Act.
3. Respondent successfully completed coursework in ethics and Health Insurance Portability and Accountability Act.
4. The proposed Consent Order includes a civil penalty of \$1,000.00 and places a reprimand on respondent's registered and advanced practice registered nurse license.
5. Connecticut General Statutes §19a-14(a)(12)(C) permits individuals to submit a written statement whether such person objects to resolving a complaint with a Consent Order concerning complaints alleging incompetence or negligence. Accordingly, the petitioner's statement is attached.
6. The Department and respondent, through her attorney, respectfully request the Board to accept the proposed Consent Order.

***CONFIDENTIALITY NOTICE: The confidentiality of the attached documents is required under Federal and State law. All recipients must maintain strict confidentiality. All forms of disclosure, whether oral, written, or electronic, are strictly prohibited.***

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Stephanie A. Esposito, RN, APRN

Petition Numbers: 2021-4 and 2021-294

**CONSENT ORDER**

WHEREAS, Stephanie A. Esposito ("respondent") of Milford, Connecticut has been issued Connecticut registered nurse license number 008777 and advanced practice registered nurse license number 097976 by the Department of Public Health ("Department") pursuant to Connecticut General Statutes, Chapter 378, as amended.

WHEREAS, respondent admits:

1. From approximately February 26, 2020 through December 24, 2020, while practicing nursing at Bridgeport Hospital, respondent's conduct failed to conform to the accepted standards of the nursing profession, in one or more of the following ways, in that she:
  - a. inappropriately accessed medical records for two individuals with whom she did not have a patient-provider relationship; and/or
  - b. failed to comply with the Health Insurance Portability and Accountability Act.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above admitted violations at a hearing in front of the Connecticut Board of Examiners for Nursing ("Board"). Respondent further agrees that this Consent Order shall have the same effect as if ordered after a full hearing pursuant to Connecticut General Statutes §§19a-9, 19a-10 and 20-99(a).

WHEREAS, respondent successfully completed coursework in ethics and the Health Insurance Portability and Accountability Act.

NOW THEREFORE, pursuant to Connecticut General Statutes §§19a-17 and 20-99(a), respondent stipulates and agrees to the following:


1. Respondent waives her right to a hearing on the merits of this petition.
2. Respondent shall pay a civil penalty of one thousand dollars (\$1,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check and shall be payable at the time respondent submits the executed Consent Order to the Department.
3. Respondent's Connecticut registered nurse license number 008777 and advanced practice registered nurse license number 097976 are hereby reprimanded.
4. Respondent shall comply with all federal and state statutes and regulations applicable to her profession.
5. Respondent shall pay all costs necessary to comply with this Consent Order.
6. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Department.
7. This Consent Order is effective when this Consent Order is accepted and ordered by the Board.
8. Respondent understands this Consent Order is a public record.
9. Respondent understands this Consent Order shall be deemed as evidence of the above admitted violations in any proceeding before the Board in which (1) her compliance with this same Consent Order is at issue, or (2) her compliance with Connecticut General Statutes §20-99(b), as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank and the Healthcare Integrity and Practitioner Data Bank maintained by the United States Department of Health and Human Services and will appear on respondent's advanced practice registered nurse profile pursuant to Connecticut General Statutes §20-13j.

10. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification because of any claim that the terms or conditions may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to Connecticut General Statutes §4-181a the without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this Consent Order. Further, this Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes Chapters 54 and 368a, provided that this stipulation shall not deprive respondent of any other rights that respondent has under Connecticut or United States law.
11. Respondent permits a representative of the Department to present this Consent Order and its factual basis to the Board. Respondent agrees that the Board has complete and final discretion whether an executed Consent Order is approved or accepted. Respondent waives any claim of error that could be raised that is related to or arises during the Board's discussions and document review whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision and/or final decision by the Board.
12. This Consent Order is a revocable offer of settlement, which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
13. Respondent consulted with her attorney prior to signing this Consent Order.
14. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where

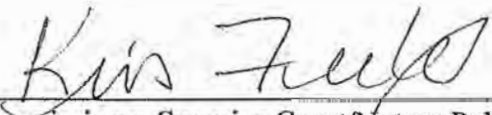
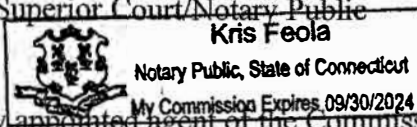
the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.

15. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Stephanie A. Esposito, have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
Stephanie A. Esposito

Subscribed and sworn to before me this 18<sup>th</sup> day of April, 2022.

  
Commissioner Superior Court/Notary Public  
Kris Feola  


The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 17<sup>th</sup> day of May, 2022, it is hereby accepted.



Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented the Connecticut Board of Examiners for Nursing on the \_\_\_\_\_ day of \_\_\_\_\_, 2022, it is hereby ordered and accepted.

BY: \_\_\_\_\_  
Connecticut Board of Examiners for Nursing

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Michelle Rosa-Harris, LPN

Petition No.: 2020-658

**CONSENT ORDER COVER SHEET**

1. Michelle Rosa-Harris ("respondent") of Waterbury, Connecticut graduated from Lincoln Technical Institute. She was granted a Connecticut licensed practical nurse license in 2010. She has no prior discipline.
2. From approximately July 2017 through September 2017, while practicing nursing at Glendale Center in Naugatuck, Connecticut, respondent diverted controlled substance medications, including oxycodone and/or Percocet, ("controlled substances") from patient stock for personal consumption. Respondent also failed to completely, properly and/or accurately document medical records and/or falsified one or more Controlled Substance Receipt Records.
3. From approximately July 2017 through September 2017, respondent abused or used to excess controlled substances.
4. On or about October 17, 2019, respondent abused or used to excess Percocet.
5. On or about June 26, 2020, January 13, 2020, December 9, 2019, and/or July 16, 2018, respondent abused or used to excess alcohol.
6. From approximately 2017 to the present, respondent has or had one or more emotional disorders and/or mental illnesses.
7. Respondent has provided two years of urine drug testing with negative results for which she is receiving credit. The proposed Consent Order places her license on probation for two years with the following terms:
  - Urine screens: monthly for the 1<sup>st</sup> year, then weekly for the 2<sup>nd</sup> year;
  - Therapy reports quarterly;
  - Employer reports monthly;
  - No solo practice or home care; and
  - Anonymous or Support Group meetings 8-10 per month.
8. The Department and respondent respectfully request the Board to accept the proposed Consent Order.

***CONFIDENTIALITY NOTICE: The confidentiality of the attached documents is required under Federal and State law. All recipients must maintain strict confidentiality. All forms of disclosure, whether oral, written, or electronic, are strictly prohibited.***



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Michelle Rosa-Harris, LPN

Petition Number: 2020-658

**CONSENT ORDER**

WHEREAS, Michelle Rosa-Harris ("respondent") of Waterbury, Connecticut, has been issued licensed practical nurse license number 035794 by the Connecticut Department of Public Health ("Department") pursuant to Connecticut General Statutes, Chapter 378, as amended.

WHEREAS, respondent admits:

1. From approximately July 2017 through September 2017, while practicing nursing at Glendale Center in Naugatuck, Connecticut, respondent diverted controlled substance medications, including oxycodone and/or Percocet, ("controlled substances") from patient stock for personal consumption. Respondent also failed to completely, properly and/or accurately document medical records and/or falsified one or more Controlled Substance Receipt Records.
2. From approximately July 2017 through September 2017, respondent abused or used to excess controlled substances.
3. On or about October 17, 2019, respondent abused or used to excess Percocet.
4. On or about June 26, 2020, January 13, 2020, December 9, 2019, and/or July 16, 2018, respondent abused or used to excess alcohol.
5. From approximately 2017 to the present, respondent has or had one or more emotional disorders and/or mental illnesses ("illnesses").
6. Respondent's illnesses and/or abuse or excessive use of alcohol and/or controlled substances does and/or may, affect her practice of nursing.
7. The above-described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-99(b), including but not limited to:
  - a. §20-99(b)(2);
  - b. §20-99(b)(4); and/or,
  - c. §20-99(b)(5).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above-admitted violation(s) at a hearing before the Board of Examiners for Nursing ("Board"). Respondent agrees that for the purpose of this or any future proceedings before the Board this Consent Order shall have the same effect as if ordered after a full hearing pursuant to Connecticut General Statutes §§19a-9, 19a-10, and 20-99(a).

NOW THEREFORE, pursuant to Connecticut General Statutes §19a-17 and §20-99(a), respondent hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to respondent's profession.
3. Respondent's Connecticut licensed practical nurse license number 035794 is hereby placed on probation for two (2) years, subject to the following terms and conditions:
  - A. At respondent's own expense, respondent shall engage in therapy and counseling with a Connecticut licensed therapist ("therapist") approved by the Department for the entire probationary period.
    - (1) Respondent shall provide a copy of this Consent Order to respondent's therapist.
    - (2) Respondent's therapist shall furnish written confirmation to the Department of engagement in such capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
    - (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, he or she shall advise the Department. Said termination of therapy, reduction in frequency of therapy, and/or respondent's

transfer to another therapist shall not occur until approved by the Department.

However, if therapy is terminated with approval of the Department, respondent's therapist shall continue to monitor her alcohol and drug free status by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph 3B below, and by providing the reports described in paragraph 3C below.

- (4) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates services.
- B. Respondent shall not obtain or use controlled substances, legend drugs, marijuana or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. Respondent shall inform said health care professional of respondent's substance abuse history.
- (1) At respondent's own expense, respondent shall submit to observed random urine screens for drugs and alcohol, in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as ("Attachment 'A': Department Requirements for Drug and Alcohol Screens") at a testing facility approved by the Department. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.

- (2) Respondent shall be responsible for notifying the laboratory, therapist, the Department and respondent's prescribing practitioner of any drug(s) respondent is taking. For the prescription of a controlled substance(s) for more than two consecutive weeks, the respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports to the Department, until such time as the controlled substance(s) are not prescribed by the provider, documenting the following:
  1. A list of controlled substances prescribed by this provider for the respondent;
  2. A list of controlled substance(s) prescribed by other providers;
  3. An evaluation of the respondent's need for the controlled substance;
  4. An assessment of the respondent's continued need for the controlled substance(s).
- (3) There must be at least two such observed random alcohol/drug screens and accompanying laboratory reports every month for the first year of probation; and at least one such screen and report every week for the second year of probation. All such observed random alcohol/drug screens must include tests for Ethylglucuronide (EtG).
- (4) All screens shall be negative for the presence of drugs, marijuana and alcohol. Respondent agrees that an EtG test report of EtG at a level of 1000ng/mL or higher shall be deemed to constitute a positive screen for the presence of alcohol under this Consent Order. Respondent understands and agrees that if respondent fails to submit a urine sample when requested by respondent's monitor, such missed screen shall be deemed a positive screen.

- (5) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
  - (6) Respondent is hereby advised that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol and as a defense of an EtG at 1000ng/mL or higher. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the term of this Consent Order. If respondent has a positive screen for morphine, opiates and/or alcohol or if respondent's test reports an EtG at 1000ng/mL or higher, respondent agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines or remedies shall not constitute a defense to such a screen.
- C. Respondent shall be responsible for the provision of quarterly written reports from respondent's therapist directly to the Department for the entire probationary period. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of respondent's drug and alcohol-free status as established by the observed random urine screens for drugs and alcohol, an evaluation of respondent's ability to practice nursing safely and competently, and copies of all laboratory reports. A report indicating that respondent is not able to practice nursing safely and competently shall be deemed to be a violation of this Consent Order.
- D. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Department any confirmed positive alcohol/drug screen and any conduct or condition on

respondent's part which does or may violate any federal or state statute or regulation applicable to respondent's profession.

- E. Respondent shall provide a copy of this Consent Order to all employers if employed as a nurse during the probationary period. All such employer(s) shall confirm receipt of a copy of this Consent Order, in writing to the Department within fifteen (15) days of the effective date of this Consent Order or within fifteen (15) days of commencement of employment with a new employer.
- F. Respondent shall not be employed as a nurse for a personnel provider service, nursing staffing agency, assisted living services agency, homemaker-home health aide agency, or home health care agency, and shall not be self-employed as a nurse for the period of probation.
- G. If employed as a nurse, respondent shall be responsible for the provision of monthly written reports directly to the Department from respondent's nursing supervisor (e.g., Director of Nursing) during the period of probation. Employer reports shall include documentation of respondent's ability to practice nursing safely and competently and shall be issued to the Department at the address cited in paragraph N below. A report indicating that respondent is not practicing with reasonable skill and safety shall be deemed to be a violation of this Consent Order.
- H. Respondent shall not administer, count or have access to controlled substances or have responsibility for such activities as part of her nursing duties during the first year of working as a nurse during the probationary period.
- I. During the entire probationary period, respondent shall attend "anonymous" or support group meetings at least eight to ten times per month and shall provide quarterly reports to the Department concerning respondent's record of attendance.

- J. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
- K. Respondent shall notify the Department of any change in respondent's home or business address within fifteen (15) days of such change.
- L. If respondent pursues further training or is engaged at the time of the implementation of the Consent Order, in an educational program in any subject area regulated by the Department, respondent shall provide a copy of this Consent Order to the educational institution or, if not an institution, to respondent's instructor. Such institution or instructor shall notify the Department of receipt of the Consent Order within fifteen (15) days of receipt.
- M. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
- N. All correspondence and reports shall be addressed to:

Practitioner Compliance and Monitoring Unit  
Department of Public Health  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, CT 06134-0308

- 4. Any violation of the terms of this Consent Order without prior written approval by the Department shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard.
- 5. Respondent shall pay all costs necessary to comply with this Consent Order.
- 6. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to act later. The Department shall not be required to grant future extensions of time or grace periods.

7. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
8. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
9. Respondent understands this Consent Order is a public record.
10. Respondent understands and agrees that this Consent Order shall be deemed as evidence of the above-admitted violations in any proceeding before the Board in which (1) respondent's compliance with this same Consent Order is at issue, or (2) respondent's compliance with Connecticut General Statutes §20-99(b), as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.
11. If respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a nurse, upon request by the Department, for a period not to exceed forty-five (45) days. During that time, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said forty-five (45) day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered and given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger



required by Connecticut General Statutes §§4-182(c) and 19a-17(c). Respondent understands that the Board has complete and final discretion whether a summary suspension is ordered.

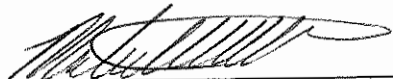
12. If, during the period of probation, respondent practices nursing outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of nursing in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all probationary terms and conditions required in paragraph 3 above.
13. If respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
14. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification because of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to Connecticut General Statutes §4-181a without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes

Chapters 54 and 368a, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under Connecticut or United States law.

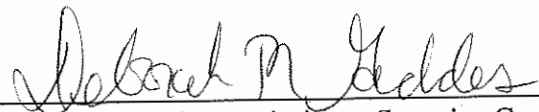
15. Respondent permits a representative of the Department to present this Consent Order and its factual basis to the Board. Respondent agrees that the Board has complete and final discretion whether an executed Consent Order is approved or accepted. Respondent waives any claim of error that could be raised related to or arises during the Board's review of any documents and discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision and/or final decision by the Board.
16. This Consent Order is a revocable offer of settlement, which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
17. Respondent has been advised that she has the right to consult with an attorney at any time, including before signing this Consent Order.
18. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.
19. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order,

whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.


I, Michelle Rosa-Harris, have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
\_\_\_\_\_  
Michelle Rosa-Harris

Subscribed and sworn to before me this 6<sup>th</sup> day of May, 2022.

  
\_\_\_\_\_  
Notary Public/Commissioner Superior Court  
Comm. exp 9-30-2023

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 19th day of May, 2022, it is hereby accepted.

  
\_\_\_\_\_  
Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the Connecticut Board of Examiners for Nursing on the \_\_\_\_\_ day of \_\_\_\_\_, 2022, it is hereby ordered and accepted.

BY: \_\_\_\_\_  
Connecticut Board of Examiners for Nursing

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Danielle Howley, L.P.N.

Petition No. 2021-557

**CONSENT ORDER COVER SHEET**

1. Danielle Howley of Bethel, Connecticut (“respondent”) graduated from Henry Abbott Vocational Technical School and was licensed to practice nursing in 2004. Her license was summarily suspended on October 20, 2021 as a result of this incident. She has not been subject to any other discipline.
2. From April 7, 2021 through May 25, 2021, respondent provided homecare nursing services and/or had a healthcare provider relationship with patient #1 who was cognitively impaired and subject to a conservatorship. During this time, respondent violated the standard of care when she engaged in an inappropriate and/or sexual relationship with patient #1; and/or failed to maintain appropriate professional boundaries.
3. This petition was discussed during a Prehearing Review on February 16, 2022. The attached proposed Consent Order incorporates the suggestions made during the Prehearing Review and includes the following terms and conditions:

Respondent’s license is permanently restricted in that she shall at no time be employed as a nurse for a personnel provider service, assisted living services agency, homemaker-home health aide agency, or home health care agency.

Respondent’s license shall remain suspended for eighteen (18) months during which time she will undergo therapy and complete coursework in ethics; caring for vulnerable patients; and professionalism in clinical encounters.

Following the eighteen (18) month suspension, respondent’s license shall be placed on probation for four (4) years during which time she shall provide monthly employer reports.

4. The Department and respondent, through her attorney, respectfully request the Board to review the attached documents and provide a recommendation regarding this petition.

***CONFIDENTIALITY NOTICE: The confidentiality of the attached documents is required under Federal and State law. All recipients must maintain strict confidentiality. All forms of disclosure, whether oral, written, or electronic, are strictly prohibited.***

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Danielle Howley, LPN

Petition No. 2021-557

**CONSENT ORDER**

WHEREAS, Danielle Howley ("respondent") of Bethel, Connecticut, has been issued licensed practical nurse license number 030383 by the Connecticut Department of Public Health ("Department") pursuant to Connecticut General Statutes Chapter 378, as amended.

WHEREAS, respondent admits:

1. From on or about April 7, 2021 through May 25, 2021, respondent provided homecare nursing services and/or had a healthcare provider relationship with patient #1 who was cognitively impaired and subject to a conservatorship.
2. During the above-referenced time, respondent violated the standard of care when she:
  - a. engaged in an inappropriate and/or sexual relationship with patient #1; and/or,
  - b. failed to maintain appropriate professional boundaries.
3. The above facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-99 including, but not limited to, §20-99(b)(2).

WHEREAS, on October 20, 2021, respondent's nursing license was summarily suspended.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above-admitted violations at a hearing before the Board of Examiners for Nursing ("Board"). Respondent agrees that for the purpose of this or any future proceedings before the Board this Consent Order



shall have the same effect as if ordered after a full hearing pursuant to Connecticut General Statutes §§19a-9, 19a-10, and 20-99(a).

NOW THEREFORE, pursuant to Connecticut General Statutes §§19a-17 and 20-99(a), respondent hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to respondent's profession.
3. Respondent's licensed practical nurse license number 030383 is hereby reprimanded.
4. Respondent's licensed practical nurse license number 030383 shall be permanently restricted in that she shall at no time be employed as a nurse for a personnel provider service, assisted living services agency, homemaker-home health aide agency, home health care agency, and shall not be self-employed as a nurse.
5. Respondent's nursing license shall remain suspended for eighteen (18) months subject to the following terms and conditions:
  - A. At respondent's own expense, respondent shall engage in therapy and counseling with a Connecticut licensed therapist ("therapist") pre-approved by the Department.  
Respondent's therapy shall include, but not shall not be limited to, treatment concerning decision-making processes and professional conduct.
    - (1) Respondent shall provide a copy of this Consent Order to respondent's therapist.
    - (2) Respondent's therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.

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- (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, he or she shall advise the Department. Said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist shall not occur until approved in writing by the Department.
  - (4) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates services.
  - (5) Respondent shall be responsible for providing quarterly written reports from respondent's therapist directly to the Department during the eighteen (18) month period of suspension. Such reports shall include documentation of dates of treatment and an evaluation of respondent's progress in treatment.
- B. At her sole expense, within the first twelve (12) months of the eighteen-month suspension, respondent shall successfully complete coursework in professional boundaries in nursing; ethics; caring for vulnerable patients; and professionalism in clinical encounters. Within fourteen (14) days of the completion of each course, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of each course.
- C. Respondent shall be responsible for ensuring her nursing license remains active during said suspension including filing timely renewal applications when necessary.
- D. All correspondence and reports shall be addressed to:

Practitioner Compliance and Monitoring Unit  
Department of Public Health  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308

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Hartford, CT 06134-0308

6. Following said eighteen (18) month suspension, respondent's license shall be placed on probation for four (4) years, subject to the following terms and conditions:
  - A. Respondent shall provide a copy of this Consent Order to any all employers if employed as a nurse during the probationary period. All such employer(s) shall confirm receipt of a copy of this Consent Order, in writing to the Department within fifteen (15) days of the effective date of this Consent Order or within fifteen (15) days of commencement of employment with a new employer.
  - B. If employed as a nurse, respondent shall be responsible for the provision of monthly written reports directly to the Department from respondent's nursing supervisor (i.e., Director of Nursing). Employer reports shall include documentation of respondent's ability to practice nursing safely and competently and in a professional manner and shall be issued to the Department at the address cited in paragraph G below. A report indicating that respondent is not practicing with reasonable skill and safety or unprofessionally shall be deemed to be a violation of this Consent Order.
  - C. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
  - D. Respondent shall notify the Department of any change in respondent's home or business address within fifteen (15) days of such change.
  - E. If respondent pursues further training or is engaged at the time of the implementation of the Consent Order, in an educational program in any subject area that is regulated by the Department, respondent shall provide a copy of this Consent Order to the educational institution or, if not an institution, to respondent's instructor. Such institution or



instructor shall notify the Department of receipt of the Consent Order within fifteen (15) days of receipt.

- F. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department.
- G. All correspondence and reports shall be addressed to:

Practitioner Compliance and Monitoring Unit  
Department of Public Health  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, CT 06134-0308

- 7. Any violation of the terms of this Consent Order without prior written approval by the Department shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard.
- 8. Respondent shall pay all costs necessary to comply with this Consent Order.
- 9. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to act later. The Department shall not be required to grant future extensions of time or grace periods.
- 10. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Department.
- 11. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is accepted and ordered by the Board.
- 12. Respondent understands this Consent Order is a public record.
- 13. Respondent understands and agrees that this Consent Order shall be deemed as evidence of the above-admitted violations in any proceeding before the Board in which (1) respondent's compliance with this same Consent Order is at issue, or (2) respondent's compliance with



Connecticut General Statutes §20-99(b), as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.

14. If respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing as a nurse, upon request by the Department, for a period not to exceed forty-five (45) days. During that time, respondent further agrees to cooperate with the Department in its investigation of the violation. Respondent further agrees that failure to cooperate with the Department in its investigation during said forty-five (45) day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes §§4-182(c) and 19a-17(c). Respondent understands that the Board has complete and final discretion as to whether a summary suspension is ordered.
15. In the event respondent does not practice nursing for thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of time shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time, respondent shall not be responsible for complying with the terms of probation of this Consent Order. If respondent resumes the practice of nursing, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice of nursing without written pre-approval from the

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Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice.

Respondent agrees that any return to the practice of nursing without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.

16. If, during the period of probation, respondent practices nursing outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of nursing in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all probationary terms and conditions required by paragraph 6 above.
17. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license
18. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification because of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to Connecticut General Statutes §4-181a without

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the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to executing this Consent Order. Further, this Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes Chapters 54 and 368a provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.

19. Respondent permits a representative of the Department to present this Consent Order and its factual basis to the Board. Respondent agrees that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted. Respondent hereby waives any claim of error or prejudice that could be raised that is related to or arises during the Board's discussions and/or review of any documentation regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision and/or final decision by the Board.
20. This Consent Order is a revocable offer of settlement, which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
21. Respondent consulted with her attorney prior to signing this Consent Order.
22. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative



license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.

23. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

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I, Danielle Howley, have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Danielle Howley  
Danielle Howley

Subscribed and sworn to before me this 27 day of April, 2022.

~~Notary Public/Commissioner Superior Court~~  
S DiBartolomeo  
Commissioner of the  
Superior Court

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 19th day of May, 2022, it is hereby accepted.

Christian D. Andresen

Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the Connecticut Board of Examiners for Nursing on the \_\_\_\_\_ day of \_\_\_\_\_, 2022, it is hereby ordered and accepted.

BY: \_\_\_\_\_  
Connecticut Board of Examiners for Nursing

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## CONSENT ORDER COVER SHEET

In re: Richardson Montas, L.P.N.

Petition No. 2019-1299

1. Richardson Montas of Stamford, Connecticut (hereinafter "respondent") was issued license number 038087 to practice as a Licensed Practical Nurse on May 31, 2013.
2. Respondent graduated from Lincoln Technical Institute in 2009.
3. Respondent has no disciplinary history.
4. On or about November 19, 2019, while working as a licensed practical nurse at Bridgeport Health Care Center, Inc., respondent failed to meet the standard of care when a resident fell out of bed, in that respondent:
  - a. Allowed the resident to be assisted back to bed without requesting that a registered nurse assess the patient;
  - b. Failed to notify the R.N. supervisor of the fall;
  - c. Failed to complete a required Accident and Investigation Report Form; and/or
  - d. Attempted to cover up the incident.
5. The above facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b) including but not limited to §20-99(b)(2).
6. The proposed Consent Order provides for a reprimand, one year probation with
  - a. quarterly reports,
  - b. coursework in
    - i. scope of practice,
    - ii. professional ethics and
    - iii. documentation standards
  - c. restriction on working for a
    - i. personnel provider service,
    - ii. assisted living services agency,
    - iii. homemaker – home health aide agency,
    - iv. home healthcare agency
    - v. be self employed as a nurse
7. The Department and respondent respectfully request that the Board accept the proposed Consent Order.



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Richardson Montas, L.P.N.

Petition No. 2019-1299

**CONSENT ORDER**

WHEREAS, Richardson Montas (hereinafter "respondent") of Stamford, Connecticut, has been issued license number 038087 to practice as a licensed practical nurse by the Connecticut Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits and acknowledges that:

1. At all relevant times, respondent was employed as a licensed practical nurse at Bridgeport Healthcare Center, Inc., in Bridgeport, Connecticut.
2. On or about November 19, 2019, while working as a licensed practical nurse at Bridgeport Health Care Center, Inc., respondent failed to meet the standard of care when a resident fell out of bed, in that respondent:
  - a. Allowed the resident to be assisted back to bed without requesting that a registered nurse assess the patient;
  - b. Failed to notify the R.N. supervisor of the fall; and/or
  - c. Failed to complete a required Accident and Investigation Report Form.

3. The above facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above-admitted violation(s) or allegation(s) at a hearing before the Board of Examiners for Nursing (hereinafter "the Board"). Respondent agrees that for the purpose of this or any future proceedings before the Board this Consent Order shall have the same effect as if ordered after a full hearing pursuant to §§19a-9, 19a-10, and 20-99(a) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to respondent's profession.
3. Respondent's license number 038087 to practice as a nurse in the State of Connecticut is hereby reprimanded.
4. Respondent's license number 038087 to practice as a nurse in the State of Connecticut is hereby placed on probation for one year, subject to the following terms and conditions:
  - A. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of the probation.
  - B. Respondent shall not be employed as a nurse for a personnel provider service, assisted living services agency, homemaker - home health aide agency, or home health care agency, and shall not be self-employed as a nurse for the period of probation.

- C. Respondent shall be responsible for the provision of quarterly written reports directly to the Department from respondent's nursing supervisor (i.e., Director of Nursing) for the entire probationary period. Respondent shall provide a copy of this Consent Order to any and all employers if employed as a nurse during the probationary period. The Department shall be notified in writing by any employer(s) within fifteen (15) days of the commencement of employment as to the receipt of a copy of this Consent Order. Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Department at the address cited in paragraph 4.I. below. A report indicating that respondent is not practicing with reasonable skill and safety shall be deemed to be a violation of this Consent Order.
- D. Within the first four months of the probationary period, respondent shall attend and successfully complete coursework in nursing scope of practice; professional ethics and documentation standards, pre-approved by the Department. Within two weeks of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such courses.
- E. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
- F. Respondent shall notify the Department of any change in respondent's home or business address within fifteen (15) days of such change.
- G. If respondent pursues further training or is engaged at the time of the implementation of the Consent Order, in an educational program in any subject area that is regulated by the Department, respondent shall provide a copy of this Consent Order to the educational

institution or, if not an institution, to respondent's instructor. Such institution or instructor shall notify the Department of receipt of the Consent Order within fifteen (15) days of receipt.

- H. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
- I. All correspondence and reports shall be addressed to:

Lavita Sookram, R.N., Nurse Consultant  
Practitioner Compliance and Monitoring Unit  
Department of Public Health  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, CT 06134-0308

- 5. Any violation of the terms of this Consent Order without prior written approval by the Department shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard. Respondent shall pay all costs necessary to comply with this Consent Order.
- 6. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
- 7. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
- 8. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
- 9. Respondent understands this Consent Order is a matter of public record.

10. Respondent understands and agrees that this Consent Order shall be deemed as evidence of the above-admitted violations in any proceeding before the Board in which (1) respondent's compliance with this same Consent Order is at issue, or (2) respondent's compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.
11. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a nurse, upon request by the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
12. In the event respondent does not practice as a licensed practical nurse for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of

times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes the practice of licensed practical nursing, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice of licensed practical nursing without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. If requested to do so by the Department, respondent further agrees to complete the following: attend and successfully complete coursework, remediation, and/or retraining pre-approved by the Department. Upon completion, respondent shall provide the Department with proof, to the Department's satisfaction, of successful completion. Respondent agrees that any return to the practice of licensed practical nursing without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.

13. If, during the period of probation, respondent practices nursing outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of nursing in Connecticut, respondent shall

provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 4. above.

14. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
15. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.
16. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent agree that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process,

through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision and/or final decision by the Board.

17. This Consent Order is a revocable offer of settlement, which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
18. Respondent has had the opportunity to consult with an attorney prior to signing this document.
19. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
20. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

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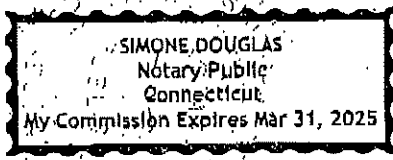


I, Richardson Montas, have read the above Consent Order, and I agree to the terms set forth therein.

I further declare the execution of this Consent Order to be my free act and deed.

*[Handwritten Signature]*  
Richardson Montas, L.P.N.

Subscribed and sworn to before me this 20<sup>th</sup> day of May, 2022



*Simone Douglas*  
Notary Public or person authorized  
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 23rd day of May, 2022, it is hereby accepted.

*Christian D. Andresen*

Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the \_\_\_\_\_ day of \_\_\_\_\_, 2022, it is hereby ordered and accepted.

BY: \_\_\_\_\_  
Connecticut Board of Examiners for Nursing

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH

In re: Lynn Dougan, R.N.

Petition No. 2021-1192

STATEMENT OF CHARGES

Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Lynn Dougan:

1. Lynn Dougan of Southington, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut Registered Nurse license number E50789.
2. At all relevant times, respondent was employed as a nurse at the Truststaff Staffing Agency, placed in a Post-Anesthesia Care Unit at Tri City Medical Center in Oceanside, California.
3. On or about August 26, 2021, while working as a nurse, respondent abused and/or used to excess alcohol.
4. Respondents abuse and/or utilization to excess of alcohol does and/or may affect her practice as a nurse.
5. The above facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(2).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by the General Statutes of Connecticut, §§20-99(b) and 19a-17, revoke or order other disciplinary action against the license of Lynn Dougan as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 11th day of May 2022.



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Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing & Investigations Section  
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Lynn Dougan, R.N.

Petition No. 2021-1192

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves in accordance with the General Statutes of Connecticut §§4-182(c) and 19a-17(c) that the Connecticut Board of Examiners for Nursing summarily suspend the license of Lynn Dougan to practice nursing in Connecticut. This motion is based on the attached Statement of Charges, Affidavits and on the Department's information and belief that the continued practice of nursing represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 11th day of May 2022.



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Christian D. Andresen, MPH, CPH, Section Chief  
Healthcare Quality and Safety Branch

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Board 3

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### BOARD OF EXAMINERS FOR NURSING

In re: **Lynn Dougan**

Petition No. 2021-1192

#### SUMMARY SUSPENSION ORDER


**WHEREAS**, the Department of Public Health having moved for an order of summary suspension in this matter and having submitted duly verified affidavits in support of its motion; and,

**WHEREAS**, said affidavits allege facts which show violations of §20-99(b) of the Connecticut General Statutes, and which imperatively require emergency action in that the public health, safety or welfare of the citizens of the State of Connecticut is in clear and immediate danger.

**NOW, THEREFORE**, pursuant to §4-182(c) and §19a-17(c) of the Connecticut General Statutes, it is hereby **ORDERED**, by vote of the Board of Examiners for Nursing:

1. That registered nurse license number E50789 of **Lynn Dougan** to practice in the State of Connecticut, is hereby summarily suspended pending a final determination by the Board of Examiners for Nursing regarding the allegations contained in the Statement of Charges, and
2. That a hearing in this matter is scheduled for the 1st day of June 2022, at 9:00 a.m. The hearing will be held remotely via Microsoft TEAMS.

Dated at Waterbury, Connecticut this 18th day of May, 2022.

  
Patricia C. Bouffard, D.N.Sc., RN, Chair  
Connecticut Board of Examiners for Nursing



Phone: (860) 509-7566 • Fax: (860) 707-1904  
Telecommunications Relay Service 7-1-1  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dnh](http://www.ct.gov/dnh)



STATE OF CONNECTICUT  
CONNECTICUT BOARD OF EXAMINERS FOR NURSING

Lynn Dougan, RN  
44 Germain Avenue.  
Southington, CT 06489

VIA EMAIL (Ldouganrn@yahoo.com)  
Via First Class Mail

**RE: Lynn Dougan, RN - Petition No. 2021-1192**

**NOTICE OF HEARING**

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM on **June 1, 2022**. The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It will be your responsibility to provide the hearing connection link to any witnesses you may call.

Filing an Answer; Failure to File Answer:

You are required to file an answer to the attached Charges with the Department of Public Health *within 14 days from the date of this Notice of Hearing*. Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.

Representation by an Attorney:

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

Documents:

If you intend to introduce documents into evidence, **YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

Exhibits should be pre-marked for identification ( i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted.

The following information shall be redacted.

- (1) Date of birth
- (2) Mother's maiden name
- (3) Motor vehicle operator's license number
- (4) Social Security Number
- (5) Other government-issued identification number
- (6) Health insurance identification number
- (7) Financial account number
- (8) Security code or personal identification number (PIN)

**Order Re: Filings**

In preparation for this hearing you must, no later than May 24, 2022, provide the information specified in the attached Notice for Submissions.

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

**Failure to Appear:**

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. **The Board may hold a fact-finding meeting immediately following the close of the record.**

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 18th day of May, 2022.

For the Connecticut Board of Examiners for Nursing

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist

c: Christian Andresen, Section Chief, Practitioner Licensing and Investigations  
Aden Baume, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,  
please contact the Public Health Hearing Office at 860-509-7566.*

### **Notice for Submissions**

The hearing in the matter of Lynn Dougan, RN has been scheduled for **June 1, 2022** and will be conducted remotely through Microsoft Teams/teleconference.

On or before **May 24, 2022**, you must provide the following by electronic mail response to the Department of Public Health, Public Health Hearing Office at [phho.dph@ct.gov](mailto:phho.dph@ct.gov).

1. Electronically Pre-filed exhibits – Exhibits should be pre-marked for identification ( i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted. *Parties and/or counsel should stipulate to any exhibits and facts not in dispute, and provide any objections to proposed exhibits.* All exhibits also must be sent to the opposing party or counsel.
2. Witness List – identify any persons expected to be called to testify. Be sure to notify your witnesses that they will be required to remain available and in attendance for the full duration of the hearing. (This will eliminate the difficulty of trying to reach witnesses again for rebuttal or additional examination later in the hearing). Witness lists also must be sent to the opposing party or counsel.
3. Photo Identification: a copy of a government-issued photo identification of the parties and witnesses.
4. Electronic Mail (“e-mail”) addresses for parties, counsel and witnesses. All e-mail addresses must be current and able to receive all notices relating to this matter.
5. Cellphone numbers for all parties, counsel, and witnesses at which they can be reached and respond to text message during the hearing (in the event a connection is lost).
6. A statement whether executive session may be required to receive testimony containing personal protected information, and if so, what that information may be (treatment records, patient records, therapy reports). Parties or counsel should identify any witnesses listed in response to #2 above who may provide testimony relating to personal protected information requiring executive session.
7. A statement whether an interpreter will be needed for the proceeding.

This is a formal public hearing. It will be video recorded and posted on the DPH website for public viewing. All hearing participants should appear in proper attire, in proper surroundings, and remove any potential distractions.

In preparation, please make sure all of your devices are fully functioning and properly charged. All participants are required to have video and audio functions on when testifying or speaking. Our office will contact you again 3 to 5 calendar days prior to the hearing to provide you with any further instructions and a Microsoft Teams link / phone number and code to enter the hearing.

Should you have any question please contact the hearing office at [phho.dph@ct.gov](mailto:phho.dph@ct.gov).

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Portia Hamilton a/k/a Portia Dayon, R.N.

Petition No. 2022-447

**STATEMENT OF CHARGES**

Pursuant to the Connecticut General Statutes, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Portia Hamilton a/k/a Portia Dayon, R.N.:

**COUNT ONE**

1. Portia Hamilton a/k/a Portia Dayon, R.N., of Bloomfield, Connecticut (hereinafter "respondent") is, and has been since April 22, 2022, the holder of Connecticut registered nursing license number 192296.
2. On or about June 3, 2016, the respondent entered into a private letter agreement with the New Jersey State Board of Nursing (hereinafter "New Jersey Board") that required, in part, that respondent enroll in and comply with the New Jersey Board's designated intervention program, the Recovery and Monitoring Program (hereinafter "RAMP"); that she follow the recommendations of RAMP, including any recommendation to place her nursing license into inactive status and/or to refrain from working as a nurse; and that she undergo evaluation, monitoring, and treatment, including random screens.
3. On or about April 6, 2019, the New Jersey Board issued an order suspending respondent's New Jersey nursing license. Therein the New Jersey Board found that RAMP's records indicated that on or about May 23, 2016 respondent tested positive for lorazepam; that on or about June 8, 2016 respondent tested positive for cocaine; and that on or about May 27, 2016, June 9, 2016, June 25, 2016, and June 26, 2016, respondent missed the online monitoring system's daily check-ins that are required to randomly schedule screens. The New Jersey Board also found that respondent violated the terms of the June 3, 2016 private letter agreement due to her failure to provide a prescription and supporting documentation for lorazepam; her failure to follow the recommendations of RAMP for further treatment, or to provide documentation verifying other treatment; her failure to limit her nursing practice by placing her license into inactive status; and her failure to successfully complete RAMP.
4. On or about December 21, 2021, the Pennsylvania State Board of Nursing (hereinafter "Pennsylvania Board") entered an order suspending respondent's Pennsylvania registered nurse license indefinitely, or until respondent can prove that she is fit to practice with reasonable skill and safety and levying a civil penalty of five hundred dollars against the respondent. The Pennsylvania Board's order was based, in part, on findings that, on April 6, 2019, the New Jersey Board entered an order suspending respondent's New Jersey nursing license indefinitely,



and that respondent, thereafter, failed to report the New Jersey Board's order to the Pennsylvania Board within ninety days.

5. On or about April 17, 2022, respondent applied for licensure as a registered nurse in Connecticut and, on or about April 22, 2022, respondent was issued a Connecticut registered nurse license.

6. On the application for licensure that respondent filed on or about April 17, 2022, respondent failed to disclose her licensure in New Jersey and Pennsylvania, and she failed to disclose the above-cited disciplinary actions taken against her by the New Jersey and Pennsylvania Boards.

7. On or about April 25, 2022, the Department of Public Health (hereinafter "the Department") received a "speed memo" notification from NURSYS, a national nurse licensure and disciplinary database maintained by the National Council of State Boards of Nursing (hereinafter "NCSBN"). The notification provided notice that the respondent had been the subject of disciplinary actions in other states.

8. The above cited facts evidence conduct of the respondent failing to conform to the accepted standards of the nursing profession, and they represent a clear and immediate danger to the public health and safety if respondent is allowed to continue to practice, and they constitute grounds for disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-99, including, but not necessarily limited to:

- a. §19a-17(a),
- b. §19a-17(c),
- c. §20-99(b)(1),
- d. §20-99(b)(2),
- e. §20-99(b)(4), and
- f. §20-99(b)(5).

9. For the foregoing reasons, the Department believes that respondent's continued practice as a registered nurse represents a clear and immediate danger to the public health and safety.

## COUNT TWO

10. Paragraphs one through seven of Count One are incorporated herein by reference as if set forth in full.

11. The above facts constitute grounds for disciplinary action pursuant to Conn. Gen. Stat. § 19a-17, including, but not necessarily limited to:

- a. §19a-17(a), and
- b. §19a-17(f).

12. For the foregoing reasons, the Department believes that respondent's continued practice as a registered nurse represents a clear and immediate danger to the public health and safety.

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by the Connecticut General Statutes, §§ 20-99(b) and 19a-17, summarily suspend respondent's license to practice as a registered nurse until a full hearing on the merits can be held, and that it revoke or order other disciplinary action against the registered nurse license of Portia Hamilton a/k/a Portia Dayon, R.N. as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 9th day of May 2022.



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Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

## Board 2

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Portia Hamilton a/k/a Portia Dayon, R.N.

Petition No. 2022-447

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves, in accordance with the Connecticut General Statutes §§4-182(c) and 19a-17(c), that the Connecticut Board of Examiners for Nursing summarily suspend the license of Portia Hamilton a/k/a Portia Dayon, R.N. to practice as a registered nurse in Connecticut. This motion is based on the attached Statement of Charges, Affidavit and on the Department's information and belief that the continued practice as a nurse represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 9th day of May 2022.



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Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

Manisha Juthani, MD  
Commissioner



Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**BOARD OF EXAMINERS FOR NURSING**

**In re: Portia Hamilton a/k/a Portia Dayon**

**Petition No. 2022-447**

**SUMMARY SUSPENSION ORDER**

**WHEREAS**, the Department of Public Health having moved for an order of summary suspension in this matter and having submitted duly verified affidavits in support of its motion; and,

**WHEREAS**, said affidavits allege facts which show violations of §20-99(b) of the Connecticut General Statutes, and which imperatively require emergency action in that the public health, safety or welfare of the citizens of the State of Connecticut is in clear and immediate danger.

**NOW, THEREFORE**, pursuant to §4-182(c) and §19a-17(c) of the Connecticut General Statutes, it is hereby **ORDERED**, by vote of the Board of Examiners for Nursing:

1. That registered nurse license number 192296 of **Portia Hamilton a/k/a Portia Dayon** to practice in the State of Connecticut, is hereby summarily suspended pending a final determination by the Board of Examiners for Nursing regarding the allegations contained in the Statement of Charges, and
2. That a hearing in this matter is scheduled for the 1st day of June 2022, at 9:00 a.m. The hearing will be held remotely via Microsoft TEAMS.

Dated at Waterbury, Connecticut this 18th day of May, 2022.

*Patricia C. Bouffard, D.N.Sc., RN*  
Patricia C. Bouffard, D.N.Sc., RN, Chair  
Connecticut Board of Examiners for Nursing



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410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dnh](http://www.ct.gov/dnh)



**STATE OF CONNECTICUT  
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

Portia Hamilton, RN  
16 Wedgewood Drive  
Bloomfield CT 06002-1960

**VIA EMAIL** (portiahamilton4@gmail.com)  
**Via First Class Mail**

RE: Portia Hamilton a/k/a Portia Dayon, RN - Petition No. 2022-447

**NOTICE OF HEARING**

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM on **June 1, 2022**. The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It will be your responsibility to provide the hearing connection link to any witnesses you may call.

**Filing an Answer; Failure to File Answer:**

You are required to file an answer to the attached Charges with the Department of Public Health *within 14 days from the date of this Notice of Hearing*. Please note: failure to file an Answer could result in the allegations being found to be true as stated, and the possibility that you will not be permitted to submit any evidence concerning the allegations.

**Representation by an Attorney:**

At the aforementioned hearing you may be represented by an attorney and present evidence on your behalf. Although you may represent yourself (pro se), you are urged to obtain the services of an attorney.

**Documents:**

If you intend to introduce documents into evidence, **YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

Exhibits should be pre-marked for identification ( i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted.

The following information shall be redacted.

- (1) Date of birth
- (2) Mother's maiden name
- (3) Motor vehicle operator's license number
- (4) Social Security Number
- (5) Other government-issued identification number
- (6) Health insurance identification number
- (7) Financial account number
- (8) Security code or personal identification number (PIN)

**Order Re: Filings**

In preparation for this hearing you must, no later than May 24, 2022, provide the information specified in the attached Notice for Submissions.

All communications to the Board shall be submitted in this fashion. The Department or Respondent shall provide a copy of each document filed to Respondent or Department as the case may be and certify such to the Board.

**Failure to Appear:**

If you fail to appear at the hearing, upon proof that due notice was served upon you to appear, the Board may proceed in the same manner as though you were present in person. **The Board may hold a fact-finding meeting immediately following the close of the record.**

Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 18th day of May, 2022.

For the Connecticut Board of Examiners for Nursing

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist

c: Christian Andresen, Section Chief, Practitioner Licensing and Investigations  
Craig Sullivan, Staff Attorney, Office of Legal Compliance

The Department of Public Health is an equal opportunity provider and employer.

*If you require aid/accommodation to participate fully and fairly,  
please contact the Public Health Hearing Office at 860-509-7566.*

### **Notice for Submissions**

The hearing in the matter of **Lynn Dougan, RN** has been scheduled for **June 1, 2022** and will be conducted remotely through Microsoft Teams/teleconference.

On or before **May 24, 2022**, you must provide the following by electronic mail response to the Department of Public Health, Public Health Hearing Office at [phho.dph@ct.gov](mailto:phho.dph@ct.gov).

1. Electronically Pre-filed exhibits – Exhibits should be pre-marked for identification ( i.e. Department exhibit 1, Respondent exhibit A), page numbered, and properly redacted. *Parties and/or counsel should stipulate to any exhibits and facts not in dispute, and provide any objections to proposed exhibits.* All exhibits also must be sent to the opposing party or counsel.
2. Witness List – identify any persons expected to be called to testify. Be sure to notify your witnesses that they will be required to remain available and in attendance for the full duration of the hearing. (This will eliminate the difficulty of trying to reach witnesses again for rebuttal or additional examination later in the hearing). Witness lists also must be sent to the opposing party or counsel.
3. Photo Identification: a copy of a government-issued photo identification of the parties and witnesses.
4. Electronic Mail (“e-mail”) addresses for parties, counsel and witnesses. All e-mail addresses must be current and able to receive all notices relating to this matter.
5. Cellphone numbers for all parties, counsel, and witnesses at which they can be reached and respond to text message during the hearing (in the event a connection is lost).
6. A statement whether executive session may be required to receive testimony containing personal protected information, and if so, what that information may be (treatment records, patient records, therapy reports). Parties or counsel should identify any witnesses listed in response to #2 above who may provide testimony relating to personal protected information requiring executive session.
7. A statement whether an interpreter will be needed for the proceeding.

This is a formal public hearing. It will be video recorded and posted on the DPH website for public viewing. All hearing participants should appear in proper attire, in proper surroundings, and remove any potential distractions.

In preparation, please make sure all of your devices are fully functioning and properly charged. All participants are required to have video and audio functions on when testifying or speaking. Our office will contact you again 3 to 5 calendar days prior to the hearing to provide you with any further instructions and a Microsoft Teams link / phone number and code to enter the hearing.

Should you have any question please contact the hearing office at [phho.dph@ct.gov](mailto:phho.dph@ct.gov).

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In Re: Rachel Pisani, APRN, RN

Petition No. 2021-1209

Petition No. 2021-1223

**STATEMENT OF CHARGES**

Pursuant to Connecticut General Statutes §§19a-10 and 19a-14, the Department of Public Health ("Department") brings the following charges against Rachel Pisani:

1. Rachel Pisani of Meriden, Connecticut ("respondent") is, and at all times referenced in this Statement of Charges, the holder Connecticut registered nurse license number 098569 and Connecticut advanced practice registered nurse license number 006018.
2. On or about November 11, 2021, respondent abused or used to excess cocaine and/or amphetamine ("substance abuse").
3. From approximately November 11, 2021 to the present, respondent has or had one or more emotional disorders and/or mental illnesses ("illnesses").
4. Respondent's illnesses and/or substance abuse does, and/or may, affect her practice of nursing.
5. The above-described conduct constitutes grounds for disciplinary action pursuant to Connecticut General Statutes §20-99(b), including, but not necessarily limited to:
  - a. §20-99(b)(4); and/or
  - b. §20-99(b)(5).

THEREFORE, the Department prays:

The Connecticut Board of Examiners for Nursing as authorized by Connecticut General Statutes §§20-99(b) and 19a-17, revoke, or order other disciplinary action against respondent's nursing licenses as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 13th day of May 2022.



Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Portia Hamilton a/k/a Portia Dayon, R.N.

Petition No. 2022-447

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves, in accordance with the Connecticut General Statutes §§4-182(c) and 19a-17(c), that the Connecticut Board of Examiners for Nursing summarily suspend the license of Portia Hamilton a/k/a Portia Dayon, R.N. to practice as a registered nurse in Connecticut. This motion is based on the attached Statement of Charges, Affidavit and on the Department's information and belief that the continued practice as a nurse represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut this 9th day of May 2022.



---

Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**BOARD OF EXAMINERS FOR NURSING**

**In re: Rachel Pisani, APRN, RN**

**Petition Nos. 2021-1209; 2021-1223**

**SUMMARY SUSPENSION ORDER**


**WHEREAS**, the Department of Public Health having moved for an order of summary suspension in this matter and having submitted duly verified affidavits in support of its motion; and,

**WHEREAS**, said affidavits allege facts which show violations of §20-99(b) of the Connecticut General Statutes, and which imperatively require emergency action in that the public health, safety or welfare of the citizens of the State of Connecticut is in clear and immediate danger.

**NOW, THEREFORE**, pursuant to §4-182(c) and §19a-17(c) of the Connecticut General Statutes, it is hereby **ORDERED**, by vote of the Board of Examiners for Nursing:

1. That registered nurse license number 098569 and advanced practice registered nurse license number 006018 of **Rachel Pisani** to practice in the State of Connecticut, are hereby summarily suspended pending a final determination by the Board of Examiners for Nursing regarding the allegations contained in the Statement of Charges, and
2. That a hearing in this matter is scheduled for the 1st day of June 2022, at 9:00 a.m. The hearing will be held remotely via Microsoft TEAMS.

Dated at Waterbury, Connecticut this 18th day of May, 2022.

  
Patricia C. Bouffard, D.N.Sc., RN, Chair  
Connecticut Board of Examiners for Nursing



Phone: (860) 509-7566 • Fax: (860) 707-1904  
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**STATE OF CONNECTICUT  
CONNECTICUT BOARD OF EXAMINERS FOR NURSING**

Rachel Pisani, APRN, RN  
c/o John O'Brien, Esq.  
411 Center St  
Manchester, CT 06040

**VIA EMAIL** (rachelmpisani@gmail.com)  
**Via First Class Mail**

**RE: Rachel Pisani, APRN, RN - Petition Nos. 2021-1209; 2021-1223**

**NOTICE OF HEARING**

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM on **June 1, 2022**. The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing.

These Charges are being brought against you under the provisions of the Sections 19a-9, 19a-10 and 20-99(b) of the Connecticut General Statutes. The hearing will be conducted in accordance with Chapter 54 of the General Statutes of Connecticut and Section 19a-9-1, et seq., of the Regulations of Connecticut State Agencies (Public Health Code).

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Please call 860-509-7566 as soon as possible if you have any questions about the hearing schedule.

Dated at Hartford, Connecticut this 18th day of May, 2022.

For the Connecticut Board of Examiners for Nursing

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist

c: Christian Andresen, Section Chief, Practitioner Licensing and Investigations  
Joelle Newton, Staff Attorney, Office of Legal Compliance

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### **Notice for Submissions**

The hearing in the matter of **Rachel Pisani, APRN, RN** has been scheduled for **June 1, 2022** and will be conducted remotely through Microsoft Teams/teleconference.

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## BOARD 5

**From:** [Newton, Joelle](#)  
**To:** [John OBrien](#)  
**Cc:** [Rachel Pisani](#); [Kardys, Jeffrey](#); [phho, dph](#)  
**Subject:** Re: Rachel M. Pisani, APRN, RN, Petition numbers 2021-1209, 2021-1223  
**Date:** Wednesday, May 25, 2022 10:12:15 AM

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Thank you.

At this time, the Department will proceed with the understanding that Ms. Pisani is self-represented.

If the situation changes at any time, please advise.

Thank you for your attention.

Joelle C. Newton, Staff Attorney  
State of Connecticut Department of Public Health  
410 Capitol Avenue, MS 12 LEG  
Hartford, CT 06143  
Email: [joelle.newton@ct.gov](mailto:joelle.newton@ct.gov)  
Telephone: 860-509-7600  
Fax: 860-509-7650

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**From:** John F. O'Brien <[attyjohnfobrien@gmail.com](mailto:attyjohnfobrien@gmail.com)>  
**Sent:** Wednesday, May 25, 2022 9:55 AM  
**To:** Newton, Joelle <[Joelle.Newton@ct.gov](mailto:Joelle.Newton@ct.gov)>  
**Cc:** Rachel Pisani <[rachelmpisani@gmail.com](mailto:rachelmpisani@gmail.com)>  
**Subject:** Re: Rachel M. Pisani, APRN, RN, Petition numbers 2021-1209, 2021-1223

**EXTERNAL EMAIL:** This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Good morning, Ms. Pisani has not communicated with me since the preliminary hearing last week and we have not formalized our collaboration. She has not expressly stated that to me but I do not expect that I will proceed further with this matter. Thank you. John

On Wed, May 25, 2022 at 09:16 Newton, Joelle <[Joelle.Newton@ct.gov](mailto:Joelle.Newton@ct.gov)> wrote:  
Attorney O'Brien,

Ms. Pisani contacted our office indicating that you are not representing her.

Can you please confirm?

Thank you for your attention.

Joelle C. Newton, Staff Attorney  
State of Connecticut Department of Public Health  
[410 Capitol Avenue](#), MS 12 LEG  
Hartford, CT 06143  
Email: [joelle.newton@ct.gov](mailto:joelle.newton@ct.gov)  
Telephone: 860-509-7600  
Fax: 860-509-7650

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*John F. O'Brien, B.A., M.A., J.D.*

**Attorney John F. O'Brien**  
**411 Center Street**  
**Manchester, CT 06040-3925**  
**860-328-9870 cell**  
**860-290-9090 office**  
**860-432-7371 fax**  
**[attyjohnfobrien@gmail.com](mailto:attyjohnfobrien@gmail.com)**  
**MAJ, MI, USAR, Ret.**

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