

**AGENDA**  
**BOARD OF EXAMINERS FOR NURSING**  
Department of Public Health  
410 Capitol Avenue, Hartford, CT  
June 15, 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**

- *Arizona College of Nursing – Prelicensure Bachelor of Science in Nursing Degree Program*
- *Stone Academy – Comments from former faculty*

**MEMORANDUM OF DECISION**

- *Adwoa Darko, LPN    Petition No. 2020-351*

**MOTION FOR SUMMARY SUSPENSION**

- *Candace Staines, RN                      Petition No. 2022-470                      Staff Attorney Joelle Newton*

**CONSENT ORDERS**

- *Donna Monticone, R.N.                      Petition No. 2020-1112                      Staff Attorney Joelle Newton*
- *Allison Sewell, R.N.                      Petition No.: 2020-53                      Staff Attorney Aden Baume*

**HEARINGS**

- *Susan Fellows                      Petition No.: 2021-700                      Staff Attorney Aden Baume*

**Board of Examiners for Nursing - Meeting/Hearings via Microsoft TEAMS**

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## **BOEN meeting 06/15/2022**

**1. 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 including 2 e-mails.

**2. Letter from former Stone Academy faculty after sharing information with the BOEN on 06/01/2022 (comments during open forum).**

**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.

## Smith, Helen

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**From:** Diane Smith-Levine <dsmith-levine@arizonacollege.edu>  
**Sent:** Tuesday, May 31, 2022 11:11 AM  
**To:** Smith, Helen; Pat Bouffard  
**Subject:** FW: Arizona College  
**Attachments:** Workload Sample.xlsx  
  
**Importance:** High

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.

Dr. Bouffard and Ms. Smith,  
Please find a faculty assignment step by step process on the attached excel worksheet that includes FT and adjunct requirement by a semester. with workload credit samples. Dr. Kool is prepared to share via TEAMS tomorrow and explain any further concerns. My best, Diane

**Diane Smith Levine Ed.D., M.S.N., M.H.A., B.S.N., R.N.\*, C.N.E** *Director of Nursing Regulatory Affairs*

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**M** 740.438.5844 **E** [dsmith-levine@arizonacollege.edu](mailto:dsmith-levine@arizonacollege.edu)

\*Register Nurse Licensed in Arizona, Connecticut, Illinois, New Hampshire, New York, Ohio, Virginia and West Virginia



2510 W. Dunlap Avenue, Suite 290, Phoenix, Arizona | [arizonacollege.edu](http://arizonacollege.edu)

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**From:** Smith, Helen <Helen.Smith@ct.gov>  
**Sent:** Tuesday, May 31, 2022 8:30 AM  
**To:** Diane Smith-Levine <dsmith-levine@arizonacollege.edu>  
**Subject:** FW: Arizona College

Good morning Dr. Smith Levine:

Please refer to the attached e-mail from the CT Board of Examiners form Nursing (BOEN) Chairperson. If you have any questions, I can be contacted via e-mail or phone at 860-509-8106 (my direct Department line) until 4:00 P.M.

Thanks,  
Helen

Helen M. Smith, R.N., M.S.N.  
Nurse Consultant  
Practitioner Licensing & Investigations Section  
Healthcare Quality & Safety Branch  
Department of Public Health  
State of Connecticut

Telephone: 860-509-7552  
Fax: 860-509-7535 or 860-707-1916  
[helen.smith@ct.gov](mailto:helen.smith@ct.gov)

Let us know how we are doing: [Survey](#)



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**From:** Pat Bouffard <[patcbouffard@gmail.com](mailto:patcbouffard@gmail.com)>  
**Sent:** Saturday, May 28, 2022 4:13 PM  
**To:** Smith, Helen <[Helen.Smith@ct.gov](mailto:Helen.Smith@ct.gov)>  
**Subject:** Arizona College

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.

Helen, I don't think the information submitted on faculty workload is any clearer than before.  
The 12 credits per semester plus 1-3 additional credits is a 13-15 credit load which makes sense.  
I would like to see a typical weekly faculty schedule delineating class/ lab/clinical hours.  
That would help.  
Thanks.  
Pay





## Smith, Helen

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**From:** Diane Smith-Levine <dsmith-levine@arizonacollege.edu>  
**Sent:** Tuesday, May 31, 2022 10:24 PM  
**To:** Smith, Helen  
**Subject:** Arizona College of Nursing  
**Attachments:** Faculty Schedule Sample.xlsx

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.

This is a weekly sample that Dr Kool developed to compliment the excel spreadsheet sent earlier today. She is happy to walk through this in the am. Diane



**FULL TIME FACULTY SEMESTER SCHEDULE SAMPLE- Faculty are required to have weekly office hours**

	Weekly Total	Monday	Tuesday	Wednesday
Week 1	9		NUR 355 Cohort A: 9 am- 12 pm NUR 355L Cohort A Skills Lab: 1 pm- 4pm	
Week 2	9		NUR 355 Cohort A: 9 am- 12 pm NUR 355L Cohort A Skills Lab: 1 pm- 4pm	
Week 3	26		NUR 355 Cohort A: 9 am- 12 pm NUR 355L Cohort A Skills Lab: 1 pm- 4pm	NUR 355L Cohort A Clini 0630-1900
Week 4	21.5		NUR 355 Cohort A: 9 am- 12 pm NUR 355L Cohort A Skills Lab: 1 pm- 4pm	NUR 355L Cohort A Clini 0630-1900
Week 5	26		NUR 355 Cohort A: 9 am- 12 pm NUR 355L Cohort A Skills Lab: 1 pm- 4pm	NUR 355L Cohort A Clini 0630-1900
Week 6	21.5		NUR 355 Cohort A: 9 am- 12 pm NUR 355L Cohort A Skills Lab: 1 pm- 4pm	NUR 355L Cohort A Clini 0630-1900
Week 7	21.5		NUR 355 Cohort A: 9 am- 12 pm NUR 355L Cohort A Skills Lab: 1 pm- 4pm	NUR 355L Cohort A Clini 0630-1900
Week 8	21.5		NUR 355 Cohort A: 9 am- 12 pm NUR 355L Cohort A Skills Lab: 1 pm- 4pm	NUR 355L Cohort A Clini 0630-1900
Week 9	21.5		NUR 355 Cohort A: 9 am- 12 pm NUR 355L Cohort A Skills Lab: 1 pm- 4pm	
Week 10	21.5		NUR 355 Cohort A: 9 am- 12 pm NUR 355L Cohort A Skills Lab: 1 pm- 4pm	
Week 11	26		NUR 355 Cohort A: 9 am- 12 pm	NUR 355L Cohort A Clini Simulation 8 am-12
Week 12	18.5		NUR 355 Cohort A: 9 am- 12 pm	
Week 13	23		NUR 355 Cohort A: 9 am- 12 pm	NUR 355L Cohort A Clini Simulation 8 am-12
			NUR 355 Cohort A: 9 am- 12 pm	

	Thursday	Friday	Saturday
	NUR 355 Cohort B: 9 am- 12 pm NUR 355L Cohort B Skills Lab: 1 pm-4 pm		
	NUR 355 Cohort B: 9 am- 12 pm NUR 355L Cohort B Skills Lab: 1 pm-4 pm		
cal Group 1	NUR 355 Cohort B: 9 am- 12 pm NUR 355L Cohort B Skills Lab: 1 pm-4 pm	NUR 355L Cohort B Clinical Group 1 Simulation 8 am-12:30 pm	
cal Group 1	NUR 355 Cohort B: 9 am- 12 pm NUR 355L Cohort B Skills Lab: 1 pm-4 pm		
cal Group 1	NUR 355 Cohort B: 9 am- 12 pm NUR 355L Cohort B Skills Lab: 1 pm-4 pm	NUR 355L Cohort B Clinical Group 1 Simulation 8 am-12:30 pm	
cal Group 1	NUR 355 Cohort B: 9 am- 12 pm NUR 355L Cohort B Skills Lab: 1 pm-4 pm		
cal Group 1	NUR 355 Cohort B: 9 am- 12 pm NUR 355L Cohort B Skills Lab: 1 pm-4 pm		
cal Group 1	NUR 355 Cohort B: 9 am- 12 pm NUR 355L Cohort B Skills Lab: 1 pm-4 pm		
	NUR 355 Cohort B: 9 am- 12 pm NUR 355L Cohort B Skills Lab: 1 pm-4 pm	NUR 355L Cohort B Clinical Group 1 0630-1900	
	NUR 355 Cohort B: 9 am- 12 pm NUR 355L Cohort B Skills Lab: 1 pm-4 pm	NUR 355L Cohort B Clinical Group 1 0630-1900	
cal Group 1 :30 pm	NUR 355 Cohort B: 9 am- 12 pm	NUR 355L Cohort B Clinical Group 1 0630-1900	
	NUR 355 Cohort B: 9 am- 12 pm	NUR 355L Cohort B Clinical Group 1 0630-1900	
cal Group 1 :30 pm	NUR 355 Cohort B: 9 am- 12 pm	NUR 355L Cohort B Clinical Group 1 0630-1900	
	NUR 355 Cohort B: 9 am- 12 pm	NUR 355L Cohort B Clinical Group 1	





Week 14	18.5		
Week 15	6		NUR 355 Cohort A: 9 am- 12 pm
Week 16			
BREAK WEEK			

**PART TIME FACULTY SEMESTER SCHEDULE SAMPLE- Faculty are required to have weekly office hours**

	Weekly Total	Monday	Tuesday	Wednesday
Week 1	9			NUR 336 Cohort A: 8 a NUR 336L Cohort A Skills Lab 3pm
Week 2	9			NUR 336 Cohort A: 8 a NUR 336L Cohort A Skills Lab 3pm
Week 3	9			NUR 336 Cohort A: 8 a NUR 336L Cohort A Skills Lab 3pm
Week 4	9			NUR 336 Cohort A: 8 a NUR 336L Cohort A Skills Lab 3pm
Week 5	9			NUR 336 Cohort A: 8 a NUR 336L Cohort A Skills Lab 3pm
				NUR 336 Cohort A: 8 a

		0630-1900	
	NUR 355 Cohort B: 9 am- 12 pm		

;

	Thursday	Friday	Saturday
m- 11 am Group 1: 12 pm-	NUR 336L Cohort A Skills Lab Group 2: 12 pm- 3pm		
m- 11 am Group 1: 12 pm-	NUR 336L Cohort A Skills Lab Group 2: 12 pm- 3pm		
m- 11 am Group 1: 12 pm-	NUR 336L Cohort A Skills Lab Group 2: 12 pm- 3pm		
m- 11 am Group 1: 12 pm-	NUR 336L Cohort A Skills Lab Group 2: 12 pm- 3pm		
m- 11 am Group 1: 12 pm-	NUR 336L Cohort A Skills Lab Group 2: 12 pm- 3pm		
m- 11 am			



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Sunday

Week 6	9			NUR 336L Cohort A Skills Lab 3pm
Week 7	9			NUR 336 Cohort A: 8 a NUR 336L Cohort A Skills Lab 3pm
Week 8	13.5			NUR 336 Cohort A: 8 a NUR 336L Cohort A Skills Lab 3pm
Week 9	9			NUR 336 Cohort A: 8 a NUR 336L Cohort A Skills Lab 3pm
Week 10	9			NUR 336 Cohort A: 8 a NUR 336L Cohort A Skills Lab 3pm
Week 11	15.5			NUR 336 Cohort A: 8 a
Week 12	15.5			NUR 336 Cohort A: 8 a
Week 13	15.5			NUR 336 Cohort A: 8 a
Week 14	3			NUR 336 Cohort A: 8 a
Week 15	3			NUR 336 Cohort A: 8 a
Week 16				
BREAK WEEK				

Group 1: 12 pm-	NUR 336L Cohort A Skills Lab Group 2: 12 pm- 3pm		
m- 11 am Group 1: 12 pm-	NUR 336L Cohort A Skills Lab Group 2: 12 pm- 3pm		
m- 11 am Group 1: 12 pm-	NUR 336L Cohort A Skills Lab Group 2: 12 pm- 3pm	NUR 336L Cohort A Clinical Group 1 Simulation 8 am-12:30 pm	
m- 11 am Group 1: 12 pm-	NUR 336L Cohort A Skills Lab Group 2: 12 pm- 3pm		
m- 11 am Group 1: 12 pm-	NUR 336L Cohort A Skills Lab Group 2: 12 pm- 3pm		
m- 11 am		NUR 336L Cohort A Clinical Group 1 0630-1900	
m- 11 am		NUR 336L Cohort A Clinical Group 1 0630-1900	
m- 11 am		NUR 336L Cohort A Clinical Group 1 0630-1900	
m- 11 am			
m- 11 am			

## Smith, Helen

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**From:** chtigger@gmail.com  
**Sent:** Wednesday, June 1, 2022 2:06 PM  
**To:** Smith, Helen  
**Subject:** Amended letter  
**Attachments:** board of nursing 5 31 22.docx

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.

Thank you for taking the time to speak with me. In the end, it is patient safety and care that matters. Management of an educational program requires leadership that follows the State Regs and to the best of their ability produce graduates who take the role seriously and have the qualities required to be professional nurses.

Best regards,  
Lauren Brown

Board of Nursing  
Presentation of concerns regarding Stone Academy  
6/1/22

Lauren Brown RN, MFNP, B.S, Ed (Biology)

Background: I worked at Veteran's Administration Hospital for 8.5 year. After I received my Masters, I moved to the Connecticut Hospice where I was a Home Care Supervisor and then Director of Clinical Support Services for 22 years.

I decided to try something different and became a Clinical Site Instructor of the LPN program at Stone Academy West Haven Campus (Monday -Thursday, day shift) and stayed there for a little over a year. I left because I was concerned that the students were not being prepared to care for our patients as LPNs. That is why I want to speak with you today.

I have several specific examples of issues. Most of my students were in Clinical 5. After that, the students had only one more clinical site experience and then a seminar to pass the exit test and the NCLEX.

1. Criteria for admission to the program was lax. Most of my students did not know simple algebra to calculate the drip rate or calculate a BMI/BMR. I took an hour of every class to teach them how and why they needed to learn these important calculations.
  - a. Many had spelling and reading issues. One day, I spent half the day teaching them how to pronounce medications. I insisted that when they wrote their nursing notes spelling and grammar had to be correct and professional before they turned them in for grading.
2. Although the students had attended classroom clinical, the majority of them did not know how to take a blood pressure, turn the diaphragm on a stethoscope or feel a pulse. In my last class, not one student knew how to draw up a syringe. They had never seen an IV bag or how to count the drip rate. I had to ask the administrators for permission for me to bring the students back to the classroom to be taught and to practice taking vitals. On another occasion, my clinical site gave me expired IV bags and we practiced with them at the site and we also went back to campus to learn and practice how to draw up syringes, and give injections. I brought oranges and cucumbers so they could practice with different skin types, angles, needle sizes etc.
3. Students who were not CNAs did not know how to turn a patient or make a bed with the patient in it. In most cases I paired those students with CNAs to teach these tasks as I went from room to room and supervised that the CNA did the work correctly.
4. There was one student, not a prior CNA, who just could not seem to learn how to turn a patient. The other students refused to work with her. I assigned her to do "therapeutic



communication” with patients who were more independent. She complained of being bored, so finally, I assigned her the task of feeding a Parkinson patient whose food was soft, ground. This student was a grandmother, so I felt she could feed this patient safely as long as I frequently checked on her. She was feeding him dessert of fresh strawberries. When I checked on her, the patients cheeks were bulging and she said, “They sent frozen strawberries and they are hard and he has been chewing for a long time.” She did not even know that she had to chop up the strawberries before she gave it to him and put a large piece in his mouth. I removed the fruit from his mouth and asked the student to sit outside the room. I took her aside and told her that I could not allow her to continue care for our patients and would call the administrator to have her repeat clinical on campus. I made that call at the end of class. The next day she came right back to the clinical site and I told her to go to the school. She was placed in a clinical class, but the instructor for clinical said he had no problems with her and she was fine. I later learned she was admitted to a different clinical site with a different instructor. Finally, the student was removed from the program as not being able to learn to give safe care.

5. I also need to say I was never oriented to any school policies, programs etc. In fact, after several months, I asked the executive VP of the campus to give me an organizational chart, because I did not know who I was supposed to go for student issues, for HR etc. In fact, I did not know that I was supposed to have a copy of all the books the student use and a lab bag of goodies until I brought the students to the clinical classroom.
  - a. I was aware that the State regulations allowed no more than 10 students to one instructor in an on-site clinical experience. When I was assigned 11, I questioned my immediate supervisor, Jessica Begich. She told me it was fine because “it is only observational.” I am not sure what she meant by that, but I know it was wrong.
6. Lisa Palmer RN, Director of the program has resigned, effective June 9, 2022. Therefore the school will not have a nurse in charge of the nursing program.

While I am concerned for the students, my real concern is how will these students care for our precious patients.

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

Adwoa Darko, L.P.N.  
License No. 041285

Petition No. 2021-931

**MEMORANDUM OF DECISION**

**I**

***Procedural Background***

On June 3, 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 that Adwoa Darko ("Respondent") violated Chapter 378 of the Connecticut General Statutes ("Conn. Gen. Stat."), subjecting Respondent's licensed practical nurse license ("L.P.N.") license number 041285 to disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-99(b)(2).

On June 18, 2021, the Charges and Notice of Hearing ("Notice") were sent by electronic mail to [adwoadarko230@yahoo.com](mailto:adwoadarko230@yahoo.com), Respondent's email address of record on file with the Department. Bd. Ex. 2. The Notice informed that a hearing was scheduled for August 11, 2021. *Id.*

On June 23, 2021, Respondent, via her legal counsel, Attorney Jamaal Johnson, requested a continuance of the August 11, 2021, hearing. With no objection from the Department, the hearing was continued to September 15, 2021. Bd. Ex. 3.

On August 12, 2021, Respondent filed a motion requesting a second continuance due to a scheduling conflict. Bd. Ex. 4. The Board granted Respondent's motion and continued the hearing to December 15, 2021. Bd. Ex. 5.

On September 7, 2021, Respondent filed an Answer to the Charges. Bd. Ex. 6.

The hearing was held on December 15, 2021. Respondent appeared at the hearing and was represented by counsel. Transcript ("Tr.") p. 4. Attorney Joelle Newton 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 Manchester, Connecticut is, and has been at all times, as referenced in the Charges, the holder of Connecticut L.P.N. license number 041285.
2. In paragraph 2 of the Charges, the Department alleges that on or about March 22, 2020, Respondent was practicing nursing at a group home in Waterford, CT when she assaulted and/or spoke inappropriately to a coworker.
3. In paragraph 3 of the Charges, the Department alleges that the above facts constitute grounds for disciplinary action authorized by Conn. Gen. Stat. §§ 19a-17 and 20-99(b)(2).

## III

### *Findings of Fact*

1. Respondent, of Manchester, Connecticut is, and has been at all times, as referenced in the Charges, the holder of Connecticut L.P.N. license number 041285.
2. As of March 22, 2020, Respondent had been employed by Key Human Services, Inc. for approximately one year as a night shift L.P.N. On March 22, 2020, Respondent was assigned to work at Quarry Road Group home located in Waterford, CT. Department ("Dept.") Ex. 5, p. 21.
3. Petitioner, a L.P.N. for approximately 18 years as of March 2020, also worked for Key Human Services, Inc. at the Quarry Road Group home located in Waterford, CT. Petitioner worked the day shift. Tr. p. 4 (under seal).
4. On March 24, 2020, Petitioner filed a complaint with the Department regarding an incident that took place on March 22, 2020, involving both Petitioner and Respondent. Dept. Ex. 1, p. 1. Dept. Ex. 1, p. 2.
5. One of Respondent's duties as a L.P.N. was to provide a report at the end of her shift to the nurse who relieved Respondent in the morning. The shift report contained the

residents' conditions and/or current status. Respondent and the Petitioner were also responsible for ensuring an accurate count of the narcotic medication on the med cart. Tr. pp. 22-24, 34-36, 38, 63-64 (under seal).

6. On March 22, 2020, Respondent waited until approximately 8 a.m., the time when Petitioner arrived at the group home and began her shift, in order to provide the shift report to Petitioner/Complainant and participate in the narcotic medication count with Petitioner/Complainant. The assistant manager of the group home also arrived at the home at the same time. Tr. p. 22 (under seal).
7. Shortly after Petitioner arrived, she asked Respondent for a report regarding the residents. Respondent replied that Petitioner had already heard the report when a co-worker was discussing said report with the assistant manager. Petitioner asked Respondent to provide the report several times, insisting that she did not hear the report and that the report was required to be given between the nurses, i.e., "nurse to nurse". Tr. p. 23 (under seal). When Respondent did not provide the report to Petitioner, Petitioner suggested to Respondent that they conduct the narcotics count instead. Dept. Ex. 1, p. 2; Tr. p. 23 (under seal).
8. Petitioner reported that Respondent got visibly angry and hurtful words were exchanged between Petitioner and Respondent. Petitioner uses her hands when she speaks. Tr. pp. 52-54 (under seal). Respondent was afraid that Petitioner would hit her with her hand gesturing. *Id.* During this exchange, Petitioner's hands came very close to Respondent's face. Tr. pp. 64-65 (under seal). Respondent pushed Petitioner's hands away from her face. *Id.* During the exchange, Petitioner suffered an injury to her left eye. Dept. Ex. 1, pp. 2-3; Tr. pp. 23-24 (under seal).
9. Petitioner retreated to an office and called the Waterford Police Department. Dept. Ex.1, p. 7. Two police officers arrived at the group home at 8:30 a.m. Dept. Ex. 1, p. 13. Petitioner met the police officers outside and gave them a report of the incident. The police officers also took photos of Petitioner's face, focusing on her left eye and cheek injury. Dept. Ex. 1, pp. 9-12 (under seal); Dept. Ex. 1, pp. 13-14.
10. The police report erroneously reported that Petitioner's right eye was injured. Dept. Ex. 1, p. 14.
11. The Waterford Police report includes only one sentence of Respondent's reported account of the incident. Dept. Ex. 1, p. 14.
12. The record establishes by a preponderance of the evidence that on March 22, 2020, Respondent, in the course of performing her duties as a L.P.N., spoke inappropriately to Petitioner when Respondent raised her voice to Petitioner and stated, "Why are you talking to me like that? I am not your child. I am 47 years old. I am old enough to be

your mother. You don't talk to me that way!"<sup>1</sup> Purportedly, Petitioner responded, "Then act like one, like that in my face." Dept. Ex. 1, pp. 2-4, 7, 14; Dept. Ex. 1, p. 15 (under seal); Tr. pp. 24, 36-39, 64-65 (under seal).

13. Respondent's conduct violated her former employer's<sup>2</sup> "Workplace Threats and Violence" policy, which prohibits disorderly conduct, fighting, threatening, attempting to inflict or inflicting bodily harm on another person either on company property, or off premises, if the threat and/or violence is work related. Dept. Ex. 1, pp. 17-18 (under seal).
14. The record is insufficient to establish by a preponderance of the evidence that on March 22, 2020, Respondent assaulted the Petitioner.

## 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). In this case, while Respondent denies the allegations contained in paragraphs 2 and 3 of the Charges, the Board finds that the Department sustained its burden of proof with respect to paragraph 1 and the portion of paragraph 2 alleging that Respondent spoke inappropriately to a co-worker. The Board finds that the Department failed to sustain its burden of proof with respect to the portion of paragraph 2 of the Charges that alleges Respondent assaulted Petitioner/Complainant.

Findings of Fact ("FF") 1-14.

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: . . . (2) illegal conduct, incompetence, or negligence in carrying out usual nursing functions; . . .

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<sup>1</sup> The back-and-forth exchange continued for a few minutes while the staff and two residents looked on. Respondent testified that Petitioner continued the verbal exchange stating, "you people come from Africa, can't even speak English and you come here, and you want, you want, they give you a license to work as a nurse, and you don't know. You don't even know what you're doing." Tr. p. 65 (under seal). Petitioner denies that this exchange took place, and none of Respondent's statements made to the police were memorialized in the Police Report.

<sup>2</sup> On March 24, 2020, Key Human Services, Inc. terminated Respondent's employment with their agency. Dept. Ex. 1, p. 17.



To satisfy its burden of proof, the Department relied on its investigative report, other documentary evidence, and the Petitioner's testimony.

With respect to the allegations contained in paragraph 2 of the Charges, the record establishes that on March 22, 2020, Respondent was practicing nursing at a group home in Waterford, CT. As of that date, Respondent had been working for Key Human Services, Inc. for approximately one year as a night shift L.P.N. On March 22, 2020, Respondent was assigned to work at Quarry Road Group home located in Waterford, CT. FF 2. Petitioner, a L.P.N. for approximately 18 years as of March 2020, also worked for Key Human Services, Inc. at the Quarry Road Group home located in Waterford, CT. FF 3.

One of Respondent's duties as a L.P.N. was to provide a report at the end of her shift to the nurse who relieved Respondent in the morning. The shift report contained the residents' conditions and/or current status. Respondent and the Petitioner were also responsible for ensuring an accurate count of the narcotic medication on the medication cart. FF 5. On March 22, 2020, Respondent waited until approximately 8 a.m., the time when Petitioner arrived at the group home and began her shift, in order to provide the shift report to Petitioner/Complainant and participate in the narcotic medication count with Petitioner/Complainant. The assistant manager of the group home also arrived at the home at the same time. FF 6.

Shortly after Petitioner arrived, she asked Respondent to provide a report regarding the residents. Respondent replied that Petitioner had already heard the report when a co-worker was discussing said report with the assistant manager. Petitioner asked Respondent to provide the report several times, insisting that she did not hear the report and that the report was required to be given between the nurses, i.e., "nurse to nurse". When Respondent did not provide the report to the Petitioner, Petitioner suggested to Respondent that they conduct the narcotic count instead. FF 7. Petitioner reported that Respondent got visibly angry and hurtful words were exchanged between Petitioner and Respondent. The record establishes by a preponderance of the evidence that on March 22, 2020, Respondent, in the course of performing her duties as a L.P.N., spoke inappropriately to Petitioner. FF 12.

Petitioner uses her hands when she speaks. FF 8. Respondent stated that during this exchange, Petitioner's hands came very close to Respondent's face. Respondent pushed Petitioner's hands away from her face. At some point during the exchange, Petitioner suffered

an injury to her left eye. *Id.* Petitioner retreated to an office and called the Waterford Police Department. FF 9.

On March 22, 2020, two police officers arrived at the group home at 8:30 a.m. Petitioner met the police officers outside and gave them a report of the incident. The police officers also took photos of Petitioner's face, focusing on her left eye and cheek injury. FF 9. The record further establishes that the police report erroneously reported that Petitioner's right eye was injured. FF 10. Moreover, the Waterford Police Report includes only one sentence of Respondent's reported account of the incident. FF 11. The Board finds the police report is inaccurate and incomplete.

The record establishes that Petitioner's and Respondent's respective accounts of the March 22, 2020, incident are consistent, with the exception of their respective reports as to how Petitioner sustained an injury to her left eye and cheek. Petitioner claims in her complaint and testimony that Respondent hit her left eye with a closed fist, injuring her left eye and cheek. Dept. Ex. 1, p. 2. Although Respondent expressed regret about how she and Petitioner behaved that day, Respondent denies that she punched Petitioner's left eye with a closed fist, injuring her left eye and cheek. Dept. Ex. 1, pp. 3, 22. Respondent testified that when she moved Petitioner's hand away from her face, Petitioner may have hit her own face with her own hand. Tr. p. 65 (under seal.)

Ultimately, Respondent's conduct violated her former employer's "Workplace Threats and Violence" policy which prohibits disorderly conduct, fighting, threatening, attempting to inflict or inflicting bodily harm on another person, either on company property, or off premises, if the threat and/or violence is work related. FF 13. Pursuant to Conn. Gen. Stat. § 20-99 (b)(2), Respondent's conduct failed to conform with the accepted standards of the nursing profession, specifically with respect to illegal conduct, incompetence, or negligence in carrying out usual nursing functions.

Based on the totality of the evidence, including the discrepancies in Respondent's and Petitioner's/Complainant's accounts about how Petitioner's injury was sustained, and the inaccuracies and incompleteness in the Waterford Police Department's report, the Board finds that there was physical contact between Petitioner and Respondent. This finding is based on Respondent's credible testimony that she reflexively pushed Petitioner's hand away from her face. FF 8. However, the record is insufficient to determine by a preponderance of the evidence

whether Petitioner sustained an injury to her left eye and cheek by Respondent hitting her in the face with a closed fist, or by Petitioner hitting herself in the face as a result of Respondent moving Petitioner's hand away from Respondent's face. Dept. Ex. 1, p. 2; Tr. p. 65 (under seal).

Thus, the Board finds that the record is insufficient to establish by a preponderance of the evidence that on March 22, 2020, Respondent assaulted the Petitioner. FF 13. The Board further finds that Respondent did not act with intentional harm or malice. 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)(2), 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 number 041285 to practice as a licensed practical nurse in the State of Connecticut is hereby reprimanded.
2. This document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

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

The Board hereby informs Respondent, Adwoa Darko, and the Department of this decision.

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

BOARD OF EXAMINERS FOR NURSING

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

## SUMMARY SUSPENSION COVER SHEET

In re: Candace Staines, RN

Petition Number: 2022-470

1. Candace Staines of Summit, New Jersey (“respondent”) graduated from the University of Medicine & Dentistry of New Jersey, School of Nursing, in 2013. She was licensed to practice as a registered nurse in New Jersey in 2013 which expired in 2019. She also holds a registered nurse license in New York.  
  
She was licensed to practice as a registered nurse in Connecticut in May 2021 and has not been subject to previous discipline.
2. On or about December 27, 2021, the New Jersey State Board of Nursing (“New Jersey Board”) suspended respondent’s New Jersey license to practice nursing based, in part, on respondent’s failure to comply with the New Jersey Board's designated intervention program, the Recovery and Monitoring Program.
3. On or about September 24, 2019, respondent abused or used to excess codeine.
4. On or about October 30, 2019, respondent abused or used to excess alcohol.
5. On or about February 14, 2020, respondent abused or used to excess Ativan.
6. Respondent’s abuse of codeine, alcohol, and/or Ativan and/or failure to comply with the New Jersey Board's designated intervention program, does, and/or may, affect her practice of nursing.
7. 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. The Department respectfully requests that this Board summarily suspend respondent’s nursing license until a full hearing on the merits can be held.

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

In re: Candace Staines, RN

Petition No. 2022-470

MOTION FOR SUMMARY SUSPENSION

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

Dated at Hartford, Connecticut this 13th day of June, 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: Candace Staines, RN

Petition No. 2022-470

**STATEMENT OF CHARGES**

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

1. Candace Staines of Summit, New Jersey ("respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut registered nurse license number 079005.
2. On or about December 27, 2021, the New Jersey State Board of Nursing ("New Jersey Board") suspended respondent's New Jersey license to practice nursing based, in part, on respondent's failure to comply with the New Jersey Board's designated intervention program, the Recovery and Monitoring Program.
3. On or about September 24, 2019, respondent abused or used to excess codeine.
4. On or about October 30, 2019, respondent abused or used to excess alcohol.
5. On or about February 14, 2020, respondent abused or used to excess Ativan.
6. Respondent's abuse of codeine, alcohol, and/or Ativan and/or failure to comply with the New Jersey Board's designated intervention program, does, and/or may, affect her practice of nursing.
7. Respondent failed to notify the Department of the New Jersey disciplinary action within thirty (30) days of its effective date as required by Connecticut General Statutes §19a-12e(e).
8. The above-described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §§19a-17(f), 19a-12e(e), 20-99(b), including but not limited to 20-99(b)(2) and/or §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 license as it deems appropriate and consistent with law.

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



---

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

In re: Candace Staines, RN

Petition Number: 2022-470

EXHIBIT INDEX

**EXHIBIT 1**

Department of Public Health, Investigative Report dated June 7, 2022      pages 1-3

*Pages 1 and 2 under seal*

**EXHIBIT 2**

State of New Jersey Order of Suspension of License      pages 4-10



In re: Candace Staines, RN

Petition Number: 2022-470

**EXHIBIT INDEX**

**EXHIBIT 1**

Department of Public Health, Investigative Report dated June 7, 2022 pages 1-3

**EXHIBIT 2**

State of New Jersey Order of Suspension of License pages 4-10

**State of Connecticut**  
**Department of Public Health**  
**PRACTITIONER LICENSING AND INVESTIGATIONS SECTION**

INVESTIGATIVE REPORT  
June 7, 2022

**Investigation of Petition # 2022-470**

**Respondent's Name: Candace Staines**

Address: 66 New England Ave., Apt. 21  
Summit, NJ 07901-1852

**Licensure Information:**

License No. 10.180371  
Issued: 05/04/2021  
Expires: 04/30/2022

Investigated by: Paula DelGrego, LMSW

**Allegation(s):**

Respondent's New Jersey (NJ) nursing license was suspended due to failure to comply with the Recovery and Monitoring Program (RAMP) which is NJ's confidential monitoring program.

**Introduction**

In May 2022, the Department was made aware of the above information.

**A. Documents from NJ State Board of Nursing (Exhibit A)**

The above documents included the following information:

1. An order of Suspension of License dated 12/27/21 that included the following information:
  - a. Respondent's license was currently inactive.
  - b. Respondent was subject to a Private Letter Agreement (PLA) with the Board on 12/20/17, signed 1/4/18 that required her to enroll in, participate with and remain compliant with the Board's designated intervention program, RAMP.
  - c. On 5/3/21, due to respondent's lack of compliance with RAMP, she was discharged from the program as RAMP could no longer assure that she was safe to practice.
  - d. Respondent's RN license was suspended due to a violation of a Board Order to remain compliant with RAMP.
2. Certification by Terri Ivory-Brown, RN RAMP Director dated 12/21/21 that included the following information:
  - a. RAMP's records indicated that respondent failed to participate in her regularly scheduled peer group meetings on 5/22/18, 5/29/18, 6/23/18, 7/7/18, 1/4/20, 2/1/20, 2/8/20, 2/15/20 and 3/13/21.

- b. RAMP's records indicated that respondent reported working as a nurse at NYU Medical Center to third parties without disclosing her employment to RAMP.
- c. RAMP's records indicated that respondent failed to undergo random urine screens as directed and/or engaged in deceptive practices relating to screenings on 5/5/20, 6/5/20, 6/11/20, 2/11/21, 2/16/21, 2/25/21 and 4/26/21.
- d. RAMP's records indicated that on 9/24/19, respondent's toxicology was positive for codeine with no prescription on file. On 10/30/19, her toxicology was positive for alcohol ingestion. A toxicology submitted on 2/14/20 was positive for Ativan with no prescription on file.
- e. On 5/3/21, in light of respondent's lack of compliance with the program, she was discharged as RAMP could no longer assure the Board or the public that respondent was safe to practice.

**B. Attempts to contact respondent (Exhibit B)**

1. On 5/6/22, I emailed respondent at her email address of record, a letter notifying her that the Department had been informed that her NJ license had been suspended due to lack of compliance with RAMP and asking her to contact me by 5/23/22. I further explained that if she did not contact me by 5/23/22, the Department may pursue summary suspension of her license. (B1)
2. On 5/9/22, I mailed respondent to her address of record a letter via certified and regular mail. This was the same letter that I emailed her on 5/6/22. I did receive confirmation through USPS tracking that this letter was delivered, left with individual. (B2)
3. On 6/3/22, I requested a LexisNexis search on respondent and the same address came up as her address of record. I tried calling her phone number noted on the LexisNexis search and there was no answer. (B3)

**C. Affidavit from Paula DelGREGO, LMSW, Department of Public Health (Exhibit C)**

**D. Statement of facts related to allegations:**

1. Respondent has been licensed as an RN since 5/4/21.
2. Respondent's New Jersey (NJ) nursing license was suspended due to failure to comply with the Recovery and Monitoring Program (RAMP) which is NJ's confidential monitoring program.
3. The Department has made efforts to contact respondent and she has not responded.
4. The Department cannot ensure that respondent can practice with skill and safety at this time.

Investigation of Petition No. 2022-470  
Name of respondent Candace Staines

Page 3

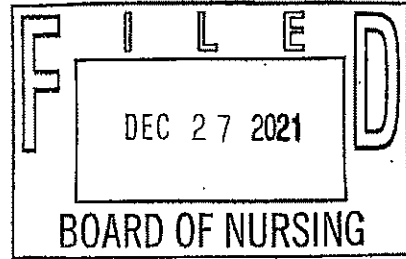
**Exhibit Legend:**

- A. Documents from NJ State Board of Nursing
- B. Attempts to contact respondent
- C. Affidavit from Paula DelGrego, LMSW, Department of Public Health

**Communication Log:**

1. Respondent – Candace Staines, 66 New England Ave., Apt. 21, Summit, NJ 07901-1852

ANDREW J. BRUCK  
ACTING ATTORNEY GENERAL OF NEW JERSEY  
Division of Law  
124 Halsey Street, 5th Floor  
P.O. Box 45029  
Newark, New Jersey 07101  
Attorney for the Board of Nursing



By: Siobhan B. Krier  
Deputy Attorney General  
(973) 648-2500

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF NURSING

IN THE MATTER OF THE SUSPENSION	:	
OR REVOCATION OF THE LICENSE OF	:	Administrative Action
	:	
Candace Staines, RN	:	ORDER OF SUSPENSION
License #26NR16980800	:	OF LICENSE
	:	
TO PRACTICE NURSING IN	:	
THE STATE OF NEW JERSEY	:	

This matter was opened to the New Jersey State Board of Nursing ("Board") upon receipt of information indicating the following:

1. Candace Staines ("Respondent") is a Registered Professional Nurse (RN) in the State of New Jersey and has been a licensee at all relevant times. Respondent's license is currently inactive. (Exhibit A - License Information).

2. Respondent was subject to a Private Letter Agreement ("PLA") with the Board on December 20, 2017, signed January 4, 2018, that required Respondent to enroll in, participate with, and remain compliant

with the Board's designated intervention program, the Recovery and Monitoring Program ("RAMP"). (Exhibit B - RAMP Certification).

3. On May 3, 2021, in light of Respondent's lack of compliance with the program, Respondent was discharged from RAMP as non-compliant. As detailed in the accompanying certification of Terry Ivory-Brown, as of that date, RAMP could no longer assure the Board or the public that Respondent is safe to practice. (Exhibit B).

4. Violation of a Private Letter Agreement constitutes a violation of N.J.A.C. 13:45C-1.4, subjecting Respondent to sanctions pursuant to N.J.S.A. 45:1-21(e), and automatic suspension of her license as per the Private Letter Agreement.<sup>1</sup>

ACCORDINGLY, IT IS on this 27<sup>th</sup> day of Dec., 2021, HEREBY ORDERED that:

1. Candace Staines' license to practice nursing as a RN in the State of New Jersey is hereby suspended for her violation of the terms of the Private Letter Agreement as set forth above, which is a violation of a Board Order within the intendment of N.J.A.C. 13:45C-1.4 and N.J.S.A. 45:1-21(e).

2. Respondent may, under the terms of the PLA, request a hearing, within fifteen days of receipt of notice of this Order, on the sole

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<sup>1</sup> Although Respondent's license has been inactive since 2018, the Board now seeks to suspend the license as a disciplinary action. The practical effect on Respondent, however, is the same. Respondent has been unable to practice as a nurse in the State of New Jersey since 2018 and will continue to be unable to do so until she is fully compliant with both RAMP and the terms of the Private Letter Agreement.

issue of whether information received that Respondent has failed to comply with the terms of the PLA agreement was materially false.

3. In the event that Respondent seeks reinstatement of her New Jersey nursing license at any future time, the Board shall not entertain any application for reinstatement unless and until Respondent completes a comprehensive evaluation under the auspices of RAMP and demonstrates that: 1) she is fit and competent to practice nursing, 2) she is in full compliance with any agreement with RAMP, 3) RAMP supports her return to practice, 4) she is up to date with her continuing education, and 5) she is in full compliance with the terms and conditions of the Private Letter Agreement. If Respondent elects to participate with a professional monitoring and intervention program other than RAMP in an effort to reinstate her license, Respondent shall demonstrate that the program is of similar scope and rigor to that of RAMP and shall submit to an evaluation with a Board-approved evaluator prior to any reinstatement.

NEW JERSEY STATE BOARD OF NURSING

*Barbara Blozen EDD MA RN-BC CNL*

By: \_\_\_\_\_

Barbara Blozen, EDD, MA, RN-BC, CNL  
Board President

ANDREW J. BRUCK  
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By: Siobhan B. Krier  
Deputy Attorney General  
(973) 648-2500

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF NURSING

IN THE MATTER OF THE SUSPENSION :  
OR REVOCATION OF THE LICENSE OF : Administrative Action  
:  
Candace Staines, RN :  
License #26NR16980800 : CERTIFICATION OF TERRI IVORY-BROWN  
:  
TO PRACTICE NURSING IN :  
THE STATE OF NEW JERSEY :  
:

I, Terry Ivory Brown, RN, being of full age, certify as follows:

1. I am a registered nurse in the State of New Jersey.
2. I am employed as the Director of the Recovery and Monitoring Program ("RAMP"), with offices at the Institute for Nursing, 1479 Pennington Road, Trenton, New Jersey 08618. In the course of my employment, I perform the task of informing the Board of Nursing when a RAMP participant is non-compliant and may not be safe to practice. In the course of my employment, I am a custodian of RAMP's records kept in the ordinary course of business. I searched RAMP's records pertaining to Candace Staines, RN and I make this certification based upon the results of my research.



3. RAMP's records indicate that Ms. Staines signed a Private Letter Agreement with the Board on January 4, 2018.

4. RAMP's records indicate that Ms. Staines failed to participate in her regularly scheduled peer group meetings on May 22, 2018, May 29, 2018, June 23, 2018, July 7, 2018, January 4, 2020, February 1, 2020, February 8, 2020, February 15, 2020, and March 13, 2021.

5. RAMP's records indicate that Ms. Staines reported working as a nurse at NYU Medical Center to third parties without disclosing her employment to RAMP.

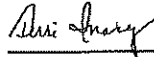
6. RAMP's records indicate that Ms. Staines failed to undergo random urine screens as directed and/or engaged in deceptive practices relating to screenings on May 5, 2020, June 5, 2020, June 11, 2020, February 11, 2021, February 16, 2021, February 25, 2021, and April 26, 2021.

7. RAMP's records indicate that on 9/24/19 Ms. Staines toxicology was positive for Codeine, with no prescription on file. October 30, 2019 toxicology positive for alcohol ingestion. Toxicology submitted on 2/14/20 was positive for Ativan, no prescription on file.

8. RAMP's records indicate that on May 3, 2021, in light of Ms. Staines lack of compliance with the program, RAMP discharged Ms. Staines as noncompliant from the program. As of that date, RAMP could no longer assure the Board or the public that Ms. Staines was safe to practice

nursing.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.



Terry Ivory-Brown, RN  
RAMP Director

DATE: December 21, 2021



# NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Sean P. Ne  
Acting Dir  
Rea

## License Information

Accurate as of September 20, 2021 2:13 PM

[Return to Search Results](#)

Name: CANDACE ERIN STAINES

Address: Summit, NJ

Profession/License Type: Nursing, Registered Prof. Nurse

License No: 26NR16980800

License Status: Inactive

Status Change Reason: Board Employee Request

Issue Date: 10/9/2013

Expiration Date: 5/31/2019

Board Action: No

## Documents

No Public Documents

For discipline information prior to January 01, 2010 please contact the Board of Nursing via [boarddisciplineinquiry@dca.lps.state.nj.us](mailto:boarddisciplineinquiry@dca.lps.state.nj.us)

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

In re: Donna Monticone, R.N.

Petition No. 2020-1112

**CONSENT ORDER COVER SHEET**

1. Donna Monticone ("respondent") graduated from Bridgeport Hospital School of Nursing in 2015. She was granted a registered nursing license in 2016.
2. Respondent's license was suspended pursuant to an Interim Consent Order in December 2020 as a result of the incident below. She has not previously been disciplined.
3. On multiple occasions from approximately June 2020 through October 2020, respondent diverted fentanyl from Yale University Reproductive Endocrinology and Infertility Clinic ("Yale") from patient stock for personal consumption. Respondent thereafter replaced the fentanyl with saline which was later utilized as patient medication.
4. On multiple occasions from approximately June 2020 through October 2020, respondent abused or used fentanyl to excess including while practicing nursing at Yale.
5. From approximately 2020 to the present, respondent has or had emotional disorders and/or mental illnesses ("illnesses").
6. On or about March 2, 2021, respondent pled guilty in United States District Court to Tampering with a Consumer Product.
7. The proposed Consent Order places a reprimand on respondent's license and contains the following terms and conditions:
  - respondent's license shall remain suspended for a period of six (6) months with weekly random urine screens;
  - following the six (6) month suspension, respondent's license shall be placed on probation for four (4) years, subject to the following terms and conditions:
    - a. urine screens weekly for the 1<sup>st</sup> and 4<sup>th</sup> year, twice monthly for the 2<sup>nd</sup> and 3<sup>rd</sup> years;

- b. therapy and employer reports monthly for the 1<sup>st</sup> and 4<sup>th</sup> year and quarterly for the 2<sup>nd</sup> and 3<sup>rd</sup> years;
  - c. no solo practice; and
  - d. narcotic access restricted for one year.
8. The proposed Consent Order was presented at the Board meeting on April 6, 2022 during which time the Board suggested adding language concerning respondent's reckless disregard of patient care and safety. The Department and respondent, through her attorney, respectfully request the Board to accept the proposed Consent Order which contains the additional language on page 1, paragraph 1.

**State of Connecticut**  
**Department of Public Health**  
**PRACTITIONER LICENSING AND INVESTIGATIONS SECTION**

INVESTIGATIVE REPORT  
December 1, 2021

**Investigation of Petition # 2019-1237**

**Respondent's Name: Donna Monticone**

**Petitioner's Name: Dept. of Consumer Protection**

Address: 6 Mountain View Ct.  
Oxford, CT 06478

Address: Drug Control Division  
450 Columbus Blvd., Ste 901  
Hartford, CT

**Licensure Information:**

License No. 10.131621  
Issued: 01/27/2016  
Expires: 11/01/2021

Investigated by: Paula DelGrego, LMSW

**Allegation(s):**

1. Respondent diverted large amounts of injectable fentanyl and replaced it with saline and returned it to stock for use on patients. Respondent admitted to using fentanyl at home and while at work.

**Introduction**

In December 2020, the Department received a report from Department of Consumer Protection (DCP) - Drug Control Division regarding concerns that respondent was diverting fentanyl.

**A. DCP – Drug Control Report dated 12/22/20 (Exhibit A)**

The above report included the following information:

1. On 11/3/20, Harold Rose, Assistant Council for Yale University contacted Drug Control to report alleged drug diversion by respondent. He reported the following information:
  - a. Respondent worked at the reproductive and infertility clinic (Yale REI).
  - b. On 11/2/20, respondent did not follow procedure and wasted 175 vials of fentanyl without a witness. This fentanyl was not expired.
2. During the course of this investigation, respondent was interviewed on 11/17/20 by Principal Agent Michelle Sylvestre from the Drug Control Division, Diversion Investigator Samantha Kaddell from the DEA and Special Agent Jim Formica from the FDA. Respondent reported the following:
  - a. She started taking fentanyl for her personal use in June 2020.
  - b. She would remove the fentanyl from the vials with a syringe and then would inject it into herself in the bathroom at work.

- c. She would dispose of the dirty syringe in a Sharps container and would inject saline into the vials to make them appear full.
- d. Respondent always used a clean needle and not the one she injected herself with to inject the saline.
- e. She initially only injected the fentanyl into herself at work but later used it in her home.
- f. She estimated that approximately 75% of all fentanyl administered to patients from June 2020 to October 2020 was adulterated with saline. Some vials were filled with 100% saline and others were a mix of fentanyl and saline. She could not determine which patients received the tampered vials of fentanyl.
- g. Respondent eventually started taking the vials of fentanyl home with her. She would refill the vials with saline and introduce them back into the stock of fentanyl in the office.
- h. She did not use fentanyl every day. Initially, she would use it one or two days a week and then stop for a while. She would go on and off fentanyl for the entire time from June 2020 to October 2020. She would puncture the septum to the vial of fentanyl up to four times a day to draw the drug.
- i. The approximately 175 vials respondent claimed that she wasted all came from her home. She saved the empty vials at her home because she planned on reintroducing them into the supply at work.
- j. The evening that she disposed of all of the 175 vials, she went to get clothes out of her car and she brought in a plastic grocery bag with all the vials. She dumped the vials into two different Sharps containers.
- k. Respondent was going to advise Yale REI that she “wasted” the 175 vials of fentanyl on the following Monday (11/2/20) but she forgot to due to circumstances with staff in the clinic. On the next day, the nurse manager asked her for the key to the storage area with the fentanyl and she then told her that she had wasted the 175 vials. The disposed vials should have one or two puncture marks from her personal use of the fentanyl.
- l. She used other vials of fentanyl from Yale REI besides the empty ones she disposed of on 11/1/20.
- m. She last used fentanyl on 10/31/20 and was not experiencing any withdrawal symptoms.
- n. Respondent reported that she started using fentanyl due to stress in her life. She had two restraining orders against her ex-husband and was having financial difficulties due to the divorce.
- o. Respondent denied having any substance abuse issues in the past and stated that her children were unaware that she was using fentanyl.
- p. Towards the end of the interview, respondent reported that talking to them was the best thing for her and that she felt much better.

**B. Interim Consent Order (ICO) (Exhibit B)**

On 12/22/21, respondent signed an ICO.

**C. Respondent’s records from Institute of Living Professionals’ ARS program IOP (Exhibit C)**

The above records included the following information:

1. Respondent attended this program from 12/21/20 – 1/29/21.
2. She was diagnosed with Opioid use disorder, severe, dependence.
3. Respondent reported the following information:
  - a. In June 2020, she started using IV fentanyl. Her use escalated from ¼ ml 1-2 times per occasion 1-2 times per week to 5-6 ml 3-4 days per week.
  - b. Her use occurred in the context of family stressors. Her ex-husband was emotionally abusive and intimidating and there was a lot of legal battles over their children.

- c. She reported a breakdown in coping skills and turned to fentanyl for relief from anxiety.
- d. Approximately 10 years ago, she was diagnosed with idiopathic foot neuropathy and had 2 neuromas removed. She was prescribed Norco and possibly hydrocodone and from 2015-2018, she began abusing this pain medication. It was not until June 2020 that her opioid addiction progressed into uncontrollable use.
4. Respondent did well in treatment and was an active participant.
5. She identified access to narcotics as a significant trigger and did not want to return to a healthcare position that required access.
6. She remained abstinent and successfully completed treatment. The plan was for her to follow up with her ongoing therapist, Susan Boritz for continued treatment.

**D. Respondent's random urine drug screen results through National Drug Screening (Exhibit D)**

Respondent submitted to ten panel plus EtG urine drug screens on 1/5/21, 2/11/21, 2/17/21 and 2/25/21 and they were all negative.

**E. Federal Court Judgment regarding Respondent (Exhibit E)**

The above judgment included the following information:

1. Respondent pled guilty to Tampering With a Consumer Product and was sentenced to imprisonment on four alternating weekends followed by three years of supervised release.

**F. Respondent's 12 step meetings and PCP records (Exhibit F)**

On 6/14/21, respondent's attorney, Cody Guarnieri emailed me the following information:

1. Records from respondent's visit with her PCP, Dr. Jagadeesh which showed that he is overseeing her neurological and cardiac medication.
2. Respondent's 12 step meeting log for December 2020 – June 2021.

**G. Letter from respondent's therapist, Susan Boritz, LMFT, LADC dated 6/21/21 (Exhibit G)**

The above letter included the following information:

1. She had been meeting weekly with respondent since 11/18/20.
2. She had been using a combination of Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) in her work with respondent.
3. She noted that – “Ms. Monticone has been treatment compliant in every respect. It is my opinion that there is very little chance of relapse for her. She is making many small but vital changes in her life and she will be much better able to access support from others in the future, rather than to attempt to manage her stressors on her own.”
4. Ms. Boritz concluded by stating that respondent “...is well trained and skilled in the field of nursing. She is capable of performing any role in the field that she chooses. Without suggesting that I think I possess the ability to see into the future, I believe that she can practice safely and without the risk of a repetition of the behavior that caused her to lose her license.”

**H. Emails from U.S. Probation Officer, Michael Dorn (Exhibit H)**

The above emails noted that respondent had instant urine drug screens on 3/12/21, 4/16/21, 5/25/21, 8/19/21 and 10/15/21 and they were all negative for illicit substances.



**I. Letter from respondent's therapist, Susan Boritz, LMFT, LADC dated 11/20/21 (Exhibit I)**

The above letter included the following information:

1. She has continued to work with respondent since her previous letter and she "...continues to be fully treatment compliant in every respect."
2. She noted that respondent "...has accomplished a great deal during this time period. She has served the time imposed upon her by the court and is fully complying with the stipulations of her probation. She has secured stable, full-time employment...In short, she is making significant progress on all of the goals we have developed in therapy since we started."

**J. Statement of facts related to allegations:**

1. Respondent has been licensed as an RN since 1/27/16.
2. In December 2020, the Department received a report from Department of Consumer Protection (DCP) - Drug Control Division regarding concerns that respondent was diverting fentanyl.
3. Respondent diverted large amounts of injectable fentanyl and replaced it with saline and returned it to stock for use on patients. Respondent admitted to using fentanyl at home and while at work.
4. On 12/22/21, respondent signed an ICO.
5. Respondent pled guilty to Tampering With a Consumer Product and was sentenced to imprisonment on four alternating weekends followed by three years of supervised release.
6. Respondent has provided proof of her substance abuse treatment.

**Exhibit Legend:**

- A. DCP – Drug Control Report dated 12/22/20
- B. Interim Consent Order (ICO)
- C. Respondent’s records from Institute of Living Professionals’ ARS program IOP
- D. Respondent’s random urine drug screen results through National Drug Screening
- E. Federal Court Judgment regarding Respondent
- F. Respondent’s 12 step meetings and PCP records
- G. Letter from respondent’s therapist, Susan Boritz, LMFT, LADC dated 6/21/21
- H. Emails from U.S. Probation Officer, Michael Dorn
- I. Letter from respondent’s therapist, Susan Boritz, LMFT, LADC dated 11/20/21

**Communication Log:**

- 1. Respondent – Donna Monticone, 6 Mountain View Ct., Oxford, CT 06478
- 2. Respondent’s attorney – Cody Guarnieri, BPS Lawyers, 100 Pearl St., Hartford, CT 06103
- 3. Petitioner – DCP – Drug Control, 450 Columbus Blvd., Ste. 901, Hartford, CT 06103

Investigation of Petition No. 2020-1112  
Name of respondent Donna Monticone

Page 6

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

In re: Donna Monticone, RN

Petition No. 2020-1112

**CONSENT ORDER**

WHEREAS, Donna Monticone ("respondent") of Oxford, Connecticut, has been issued registered nurse license number 131621 by the Connecticut Department of Public Health ("Department") pursuant to Connecticut General Statutes Chapter 378, as amended.

WHEREAS, respondent admits:

1. On multiple occasions from approximately June 2020 through October 2020, respondent diverted fentanyl from Yale University Reproductive Endocrinology and Infertility Clinic ("Yale") from patient stock for personal consumption. Respondent thereafter replaced the fentanyl with saline which was later utilized as patient medication in reckless disregard for patient care and safety.
2. On multiple occasions from approximately June 2020 through October 2020, respondent abused or used fentanyl to excess including while practicing nursing at Yale.
3. From approximately 2020 to the present, respondent has or had emotional disorders and/or mental illnesses ("illnesses").
4. Respondent's illnesses and/or abuse or excessive use of fentanyl does, and/or may, affect her practice of nursing.

5. On or about March 2, 2021, respondent pled guilty in United States District Court to Tampering with a Consumer Product in violation of Title 18, United States Code §§1365(a)(4) in Case No.: 3:21-cr-00031-JCH (“Judgment”).
6. The above-described facts constitute grounds for disciplinary action pursuant to of Connecticut General Statutes §20-99(b), including but not limited to:
  - a. §20-99(b)(2);
  - b. §20-99(b)(4);
  - c. §20-99(b)(5);
  - d. §20-99(b)(6);
  - e. §20-99(b)(7); and/or,
  - f. §20-99(b)(8).

WHEREAS, on December 22, 2020, respondent’s nursing license was suspended pursuant to an Interim Consent Order.

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 Connecticut registered nurse license number 131621 is hereby reprimanded.

4. Respondent's license shall remain suspended for a period of six (6) months. During said six (6) month period of suspension, 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 one such observed random alcohol/drug screen and accompanying laboratory report every week during the six-month period of suspension.
- (4) There must be at least two (2) random tests for Ethylglucuronide (EtG) and accompanying laboratory reports every month during the six-month period of suspension.
- (5) 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.
- (6) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (7) 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. In the event 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.

5. Following said six-month suspension, respondent's license shall be placed on probation for four (4) 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") pre-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 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.
    - (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 B below, and by providing the reports described in paragraph C 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.

- (3) 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 Board, after consultation with 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.
- (4) 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:

5. A list of controlled substances prescribed by this provider for the respondent;
  6. A list of controlled substance(s) prescribed by other providers;
  7. An evaluation of the respondent's need for the controlled substance;
  8. An assessment of the respondent's continued need for the controlled substance(s).
- (3) There must be at least one such observed random alcohol/drug screen and accompanying laboratory report every week for the first and fourth years of probation; and at least two such screens and reports every month for the second and third years of probation.
- (4) There must be at least two (2) random tests for Ethylglucuronide (EtG) and accompanying laboratory reports every month for the first and fourth years of probation and at least (1) such random test and report every month for the remainder of the probationary period.
- (5) 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.

- (6) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
  - (7) 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. In the event 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 written reports from respondent's therapist directly to the Department for the entire probationary period; monthly for the first and fourth years of probation; and, quarterly for the second and third years of probation. 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 current and future employers for the duration of probation.
- F. 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 period of probation.
- G. Respondent shall not administer, count, or have access to narcotics or other controlled substances, or have responsibility for such activities while practicing nursing for the first year after returning to work as a nurse.
- H. If employed as a nurse, respondent shall provide a copy of this Consent Order to any and all employers during the probationary period. The Department shall be notified in writing by any such employer(s) within fifteen (15) days of the commencement of employment confirming receipt of a copy of this Consent Order.
- I. If employed as a nurse, respondent shall be responsible for the provision of written reports directly to the Department from respondent's nursing supervisor (i.e., Director of Nursing) monthly for the first and fourth years of his probation; and quarterly for the second and third years of probation. 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 P 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.

- J, Respondent shall be responsible for the provision of quarterly written reports directly to the Department from respondent's federal probation officer which shall include documentation of respondent's compliance with the terms and conditions of the Judgment. The reports shall be issued to the Department at the address cited in paragraph P below. A report indicating that respondent violated any terms or conditions of the Judgment shall be deemed to be a violation of this Consent Order.
- K. During the entire probationary period, respondent shall attend "anonymous" or support group meetings at least eight to ten times per month and provide quarterly reports to the Department concerning respondent's record of attendance.
- L. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
- M. Respondent shall notify the Department of any change in respondent's home or business address within fifteen (15) days of such change.
- N. 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.

O. 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.

P. 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

6. 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.
7. Respondent shall pay all costs necessary to comply with this Consent Order.
8. 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.
9. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Department.
10. 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.
11. Respondent understands this Consent Order is a public record.
12. 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.

13. 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 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.
14. 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 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 5 above.

15. 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
16. 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 the laws of the State of Connecticut or of the United States.
17. 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.

18. 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.
19. Respondent consulted with her attorney prior to signing this Consent Order.
20. 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.
21. 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, Donna Monticone, 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.

Donna Monticone  
Donna Monticone

Subscribed and sworn to before me this 15th day of April, 2022.

STATE OF CONNECTICUT  
COUNTY OF NEW HAVEN  
DATE: 4/15/2022  
COMMISSION EXPIRES 03/31/2025

[Signature]  
Notary Public/Commissioner 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 22nd day of April, 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

## CONSENT ORDER COVER SHEET

In re: Allison Sewell, R.N.

Petition No.: 2020-53


1. Allison Sewell, of Mansfield Center, Connecticut (hereinafter "respondent") was issued license number 134500 to practice as a registered nurse in 2016.
2. Respondent graduated from Goodwin College in 2016.
3. Respondent has no disciplinary history.
4. The Department alleges:
  - a. In or about November 2019, respondent was disciplined by her employer for significant tardiness and absenteeism.
  - b. Respondent enrolled in a medication assisted treatment program, but relapsed on alcohol, cocaine and fentanyl.
  - c. In February 2020, respondent signed an Interim Consent Order.
  - d. Respondent's abuse and/or excess use of controlled substances and/or alcohol does and/or may, affect her ability to practice as a registered nurse.
  - e. The above-described 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) and/or §20-99(b)(5).
5. The proposed Consent Order provides for a 4-year probation with:
  - a. Therapy and employer reports monthly for the 1<sup>st</sup> and 4<sup>th</sup> year and quarterly for the 2<sup>nd</sup> and 3<sup>rd</sup> year
  - b. Urine screens, once per week for the 1<sup>st</sup> and 4<sup>th</sup> year and twice monthly for 2<sup>nd</sup> and third year.
  - c. Support group meetings, 8-10 per month
  - d. No solo practice
  - e. 1 year restriction for narcotic access
6. The Department and respondent respectfully request that the Board accept the proposed Consent Order.

**State of Connecticut**  
**Department of Public Health**  
**PRACTITIONER LICENSING AND INVESTIGATIONS SECTION**

INVESTIGATIVE REPORT  
July 26, 2021

**Investigation of Petition # 2020-53**

**Respondent's Name:** Allison Sewell

Address: 

**Licensure Information:**

License No. 10.134500

Issued: 06/25/2016

Expires: 06/30/2020

Investigated by: Paula DelGrego, LMSW

**Allegation(s):**

1. Respondent was referred to the HAVEN program by her employer after she was disciplined for significant tardiness and absenteeism. Respondent was enrolled in a medication assisted treatment program (MAT) and had a recent significant lapse on alcohol, cocaine and fentanyl. She did not want to work with the HAVEN program.
2. Respondent signed an Interim Consent Order (ICO) in February 2020.

**Introduction**

In November 2019, respondent was referred to HAVEN due to substance abuse.

**A. HAVEN Records (Exhibit A)**

The above records included the following information:

1. A letter and records from HAVEN dated 1/10/20 included the following information:
  - a. In November 2019, respondent was referred to HAVEN by her employer. She had disciplinary action in her workplace for a significant pattern of absenteeism and tardiness. The employer also advised that respondent had prior disciplinary action at this job for failing to give medication to patients, but denied patient harm and advised the medications were not controlled substances. Respondent disclosed to her employer a relapse on cocaine and participation in a MAT program.

- b. In November 2019, respondent attended detox at SCADD and her records included the following information (A1):
  - i. Respondent self-referred for acute withdrawal from alcohol. She had been using alcohol and cocaine for 30 out of the last 30 days.
  - ii. She was employed at Natchaug Hospital as a psych nurse.
  - iii. Her children were living with their grandmother due to her drug and alcohol use.
- c. From 11/27/19 – 12/6/19, respondent attended treatment at Arms Acres and her records included the following information (A2):
  - i. Respondent reported that she had relapsed about one year ago and she had been using crack, fentanyl and alcohol while also being on methadone maintenance.
  - ii. Her discharge diagnoses included: Alcohol Use Disorder, severe, Cocaine use disorder, moderate, Opioid use disorder, on agonist therapy, Bipolar II disorder and Generalized anxiety disorder.
- d. Respondent signed her initial plan with HAVEN on 12/17/19 but then decided to work directly with the Department.

**B. Interim Consent Order (ICO) (Exhibit B)**

In February 2020, respondent signed an ICO.

**C. Respondent's proof of sobriety (Exhibit C)**

Respondent has provided the following documentation of her sobriety:

1. A letter dated 1/28/21 from Wellmore included the following information (C1):
  - a. Respondent was admitted to the program on 11/11/20 and had an anticipated discharge date of 2/1/21.
  - b. Since entering the program, respondent had engaged in supervised urine drug screens and had rendered negative results for all substances tested since 11/19/20 with the exception of methadone and benzodiazepines which were prescribed to her.
  - c. On 11/26/20, respondent had a positive test for opiates but according to a Quest representative, this was likely the result of a dietary exposure.
2. A letter dated 2/18/21 from CT Counseling Centers signed by Lori Sobel, MD stating the following (C2):
  - a. She was prescribing the following psychiatric medication to respondent: Lexapro, Topamax, Vistaril prn for anxiety, Clonidine prn for anxiety and Doxepin prn for sleep.
3. On 4/8/21, respondent sent me an email that included the following information (C3):
  - a. She had completed a 3-month inpatient mother and child rehab program through Wellmore on 2/1/21.
  - b. Prior to Wellmore, she had attended First Step detox in New Britain where she was given Librium for alcohol detox. She stated that this was why her urine drug screens were positive for benzodiazepines for a few weeks in November/December 2020.
4. Respondent provided 17 urine drug screen results from 11/21/20 – 3/9/21 which were all negative except for her prescribed methadone and the benzodiazepines she was prescribed in November 2020. (C4)
5. A letter dated 6/17/21 from Samantha Hugh, LPC of the Root Center which is a methadone maintenance program included the following (C5):
  - a. Respondent was re-admitted to their program on 2/25/21 and "...she has demonstrated a strong commitment to her recovery through demonstration of abstinence, consistent attendance, and motivation/involvement in treatment."

- b. It was also noted that since being back in the program respondent had provided all negative urine drug screens, had completed the IOP program after attending twenty sessions and had recently earned take home bottle privileges "...which is an additional testament to her progress."
6. Respondent also sent additional urine drug screen results that were collected on 5/8/21, 6/2/21, 6/15/21 and 7/20/21 that were all negative except for her prescribed methadone. (C6)

**D. Statement of facts related to allegations:**

1. Respondent has been licensed as an RN since 6/25/16.
2. In November 2019, respondent was referred to the HAVEN program by her employer after she was disciplined for significant tardiness and absenteeism. Respondent was enrolled in a medication assisted treatment program (MAT) and had a recent significant lapse on alcohol, cocaine and fentanyl. She did not want to work with the HAVEN program.
3. Respondent signed an Interim Consent Order (ICO) in February 2020.
4. Respondent has provided proof of her sobriety and stability.

**Exhibit Legend:**

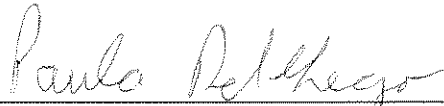
- A. HAVEN records
  - SCADD records (A1)
  - Arms Acres records (A2)
- B. ICO
- C. Respondent's proof of sobriety
  - letter dated 1/28/21 from Wellmore (C1)
  - letter dated 2/18/21 from CT Counseling Centers (C2)
  - 4/8/21 email from respondent (C3)
  - 17 urine drug screen results from 11/21/20 – 3/9/21 (C4)
  - letter dated 6/17/21 from Samantha Hugh, LPC of the Root Center (C5)
  - Urine drug screen results May 2021 – July 2021 (C6)
  - Letter from Root Center dated 3/16/21 (C7)
  - Certificate of Achievement dated 2/5/21 (C8)

**Communication Log:**

1. Respondent – [REDACTED]

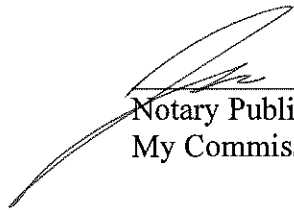
**CERTIFICATION**

I, Paula DelGrego, LMSW H.S. Social Work Consultant, Practitioner Licensing and Investigations Section, Department of Public Health, being duly sworn, hereby attest that I have prepared and reviewed this report and it is a true, complete and accurate documentation of my investigation of Allison Sewell, RN professional license number: 10.134500



Paula DelGrego, LMSW, H.S. SW Consultant  
Department of Public Health  
Practitioner Licensing and Investigations Section

Subscribed and sworn to before me this 26 day of July 2021.



Notary Public

My Commission Expires 4/30/2022



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

In re: Allison Sewell, R.N.

Petition No.: 2020-53

**CONSENT ORDER**

WHEREAS, Alison Sewell, of Mansfield Center, Connecticut (hereinafter "respondent") has been issued license number 134500 by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended, and

WHEREAS, the Department alleges that:

1. In or about November 2019, respondent was disciplined by her employer for significant tardiness and absenteeism.
2. Respondent enrolled in a medication assisted treatment program, but relapsed on alcohol, cocaine and fentanyl.
3. In February 2020, respondent signed an Interim Consent Order.
4. Respondent's abuse and/or excess use of controlled substances and/or alcohol does and/or may, affect her ability to practice as a registered nurse.
5. The above-described 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) and/or §20-99(b)(5).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above violations or allegations at a hearing before the Connecticut State 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-14, 19a-17 and 20-99(b) of the General Statutes of Connecticut, 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 license number 134500 to practice as a nurse in the State of Connecticut is hereby placed on probation for four 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 (hereinafter "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 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.
    - (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, 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 his/her services.

B. 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. 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 Board, after consultation with the Department, as ordered by the therapist and/or personal physician. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Board and 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 one such observed random alcohol/drug screen and accompanying laboratory report every week for the first and fourth years of probation; and at least two such screens and reports every month for the second and third years of probation.
- (4) There must be at least two (2) random tests for Ethylglucuronide (EtG) and accompanying laboratory reports every month for the first and fourth year of probation and at least (1) such random test and report every month for the remainder of the probationary period.
- (5) All screens shall be a negative for the presence of drugs and alcohol. Respondent agrees that an EtG test report of EtG at level of 1000ng/mL or higher shall be deemed to constitute a positive screen for the presence of alcohol and 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.
- (6) All positive screen results shall be confirmed by gas chromatograph / mass spectrometer (GC/MS) testing.
- (7) 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. In the event 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 written reports from respondent's therapist directly to the Department for the entire probationary period; monthly for the first and fourth years of probation; and, quarterly reports for the second and third years of probation. 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 safely and competently practice nursing, 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 and/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 current and future employers for the duration of probation.
- F. Respondent shall not be employed as a nurse or a personnel provider service, assisted living services agency, homemaker-home health aid agency or home health care agency, and shall not be self-employed as a nurse for the period of probation.
- G. Respondent shall not administer, count or have access to narcotics or other controlled substances, or have responsibility for such activities in the course of nursing duties for the first year after returning to work as a nurse.
- H. Respondent shall be responsible for the provision of written reports directly to the Department from respondent's nursing supervisor (i.e. Director of Nursing) monthly for the first and fourth years of her probation; and quarterly for the second and third years of probation. 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 an 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 3N 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.
- I. During the entire probationary period, respondent shall attend "anonymous" or

support group meetings on an average of 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 that is regulated by the Department, respondent shall provide a copy of this Consent Order to the education 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 correspondent 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. Respondent shall pay all costs necessary to comply with this Consent Order.



5. 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.
6. 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.
7. 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.
8. Respondent understands this Consent Order is a matter of public record.
9. 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.
10. 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.

11. In the event respondent does not practice as a registered nurse for periods of 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 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 registered nursing, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice of registered 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.
12. If requested to do so by the Department, respondent further agrees to complete the following:
  - a. submit to and complete a medical, psychiatric/psychological evaluation and/or

skills evaluation by a provider pre-approved by the Department. The results of such evaluation shall be submitted directly to the Department.

- b. execute releases for any records requested by the Department, including, but not limited to, psychiatric/psychological care, employment records, treatment and disability records and monitoring and/or professional assistance program records. For purposes of this document, psychiatric/psychological care includes any substance and/or alcohol abuse treatment.
  - c. submit a certified copy of her entire file, including all screens, therapy and employer reports and any other documents from any state other than Connecticut which imposes conditions on respondent to maintain her license.
  - d. 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.
  - e. Respondent agrees that any return to the practice of registered 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

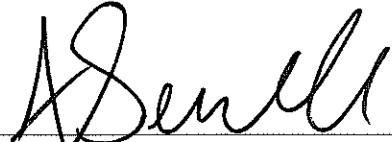
of nursing in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 3 above.

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. This Consent Order embodies the entire agreement of the parties with respect to this case.
20. 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, Allison Sewell, 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.

  
Allison Sewell

Subscribed and sworn to before me this 12<sup>th</sup> day of May, 2022.

**ROBERT PASSMORE**  
**NOTARY PUBLIC**  
**MY COMMISSION EXPIRES MARCH 31, 2027**  
  
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 2nd day of June, 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 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: Susan L. Fellows L.P.N.

Petition No. 2021-700

**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 Susan L. Fellows, L.P.N.:

1. Susan L. Fellows of Naugatuck, Connecticut (hereinafter "respondent") is, and has been since on or about February 10, 2014, the holder of Connecticut practical nurse license number 038802.
2. On or about November 8, 2004, a Memorandum of Decision in Petition Number 2004-0331-062-012 (hereinafter "the Decision") was issued which placed a finding of misappropriation of resident property on the Connecticut Nurse Aide Registry under respondent's name.
3. On or about December 12, 2013, respondent submitted a notarized Licensed Practical Nurse Application to the Department. Within this application, respondent answered "no" to the question inquiring whether any professional licensing or disciplinary body, among other actions, took any disciplinary action against her, when in fact she did have disciplinary action taken against her as a result of the Decision.
4. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99b, including but not limited to §20-99b(1).

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 Susan L. Fellows as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 21st day of March 2022.



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

STATE OF CONNECTICUT  
CONNECTICUT BOARD OF EXAMINERS FOR NURSING

Susan Fellows  
55 Andrew Avenue, Apt. 1  
Naugatuck, CT 06770-4384

VIA EMAIL (fellows1313@gmail.com)  
and First Class Mail

**RE: Susan Fellows, LPN - Petition No. 2021-700**

**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 15, 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 June 1, 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 30th day of March, 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 **Susan Fellows, LPN** has been scheduled for **June 15, 2022** and will be conducted remotely through Microsoft Teams/teleconference.

On or before **June 1, 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).