

AGENDA
BOARD OF EXAMINERS FOR NURSING
Department of Public Health
410 Capitol Avenue, Hartford, CT
January 18, 2023 - 8:30 AM

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

THE CONNECTICUT CENTER FOR NURSING WORKFORCE, INC – Monthly Update

NEW BUSINESS

SCHOOL ISSUES

- *Arizona College of Nursing*
- *Quinebaug Valley Community College – Notice of Intent to Begin a Practical Nursing Program*
- *Stone Academy – Draft Action Plan Submittal*
- *School Regulations Update*

SCOPE OF PRACTICE

MOTION TO WITHDRAW STATEMENT OF CHARGES

- | | | |
|-------------------------------|-------------------------------|-------------------------------------|
| • <i>Karen Crosby, RN</i> | <i>Petition No. 2022-1149</i> | <i>Staff Attorney Joelle Newton</i> |
| • <i>Patricia Taylor, LPN</i> | <i>Petition No. 2022-82</i> | <i>Staff Attorney Joelle Newton</i> |

MEMORANDUM OF DECISION

- | | |
|-------------------------------|-------------------------------|
| • <i>Amanda Espinosa, LPN</i> | <i>Petition No. 2021-1222</i> |
| • <i>Kimberly Lemire, RN</i> | <i>Petition No. 2022-561</i> |

MOTION FOR SUMMARY SUSPENSION

- | | | |
|-----------------------------------|-------------------------------|-------------------------------------|
| • <i>Proctor Norman Hayes, RN</i> | <i>Petition No. 2022-409</i> | <i>Staff Attorney Joelle Newton</i> |
| • <i>Sarah R. Zoni, RN</i> | <i>Petition No. 2022-1282</i> | <i>Staff Attorney Linda Fazzina</i> |

CONSENT ORDERS

- | | | |
|----------------------------------|------------------------------|----------------------------------|
| • <i>Sue-Elynn Heller, RN</i> | <i>Petition No. 2022-539</i> | <i>Staff Attorney Aden Baume</i> |
| • <i>Jacquelyn O'Connor, LPN</i> | <i>Petition No. 2020-845</i> | <i>Staff Attorney Aden Baume</i> |
| • <i>Jared Spears, RN</i> | <i>Petition No. 2021-559</i> | <i>Staff Attorney Aden Baume</i> |

HEARINGS

- | | | |
|-------------------------------------|-------------------------------|--------------------------------------|
| • <i>Deborah J. Cochran, RN</i> | <i>Petition No. 2019-809</i> | <i>Staff Attorney Linda Fazzina</i> |
| • <i>John E. Rodriguez, RN*</i> | <i>Petition No. 2022-851</i> | <i>Staff Attorney Craig Sullivan</i> |
| • <i>Mary Elizabeth Taylor, RN*</i> | <i>Petition No. 2022-1273</i> | <i>Staff Attorney Aden Baume</i> |
| • <i>Christine Trombino, RN*</i> | <i>Petition No. 2020-895</i> | <i>Staff Attorney Aden Baume</i> |

* Currently Summarily Suspended

Board of Examiners for Nursing – (Meeting/Hearings) via Microsoft TEAMS

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Phone Conference ID: 229 172 70#

Board of Examiners for Nursing (BOEN) meeting 01/18/2023

1. **Quinebaug Valley Community College-Notice of Intent, for your information only**
Quinebaug Community College is providing written notice of intent to start a Practical Nursing (PN) Program, a day program that will start in August 2024, and will accept one class per year of 24 students for the next three years .

2. **Stone Academy-For your information**

The Department made visits to the East Hartford campus on 12/13/2022 and 12/14/2022 during a survey conducted by the Office of Higher Education and identified the following Violations of the Nursing Education Programs and Licensure Requirements General, Section 20-90-45 to 20-90-59 (the Regulations) and concerns:

During a tour with Kristy Santos, Campus Director and Kay King Trotman, Lead Instructor, it was identified that:

1. Violation of 20-90-50 (a), Stone Academy, East Hartford campus failed to have adequate faculty office spaces and failed to provide a safe environment in the nursing laboratories.
 - a. The only faculty "offices" were two open workstations in a faculty break room. That break room was in the basement of a building and the entrance and exit were steep sets of stairs that lead to the first floor or that lead outside of the building.
 - b. During a tour of the three nursing laboratories, it was identified that:
 1. The Material Safety Data Sheets (MSDS) binder was not complete as there were no MSDS sheets for the many medications, biologicals and personal use items that were in those laboratories and available for use by the PN students.
 2. Multiple medications were not secured.
2. Violation of 20-90-55 (c), from 02/11/2022 to 12/13/2022 Stone Academy, failed to provide students with clinical experiences in that they counted campus experiences as clinical hours. The Regulations define clinical experiences as "supervised direct client care experiences and observational experiences appropriate to the Program's Educational Outcomes".
 - a. During the tour, three PN Program faculty (M. Martin Edwards, J. Smith, and A. Gilbert) were directly observed, as the two Department of Public Health Nurse Consultants sat in each classroom for approximately ten minutes, lecturing, reviewing questions, or in a room while students were watching videos. Interviews with K. Santos, K. King Trotman, J. Smith, and A. Gilbert on 12/13/2022 identified that these students would receive clinical hours for these campus experiences. Interview with H. Latkofsky, a PN Program faculty on 12/13/2022, identified that the resource room, room 103 can serve as a room for "clinical experiences" if needed.
 1. Review of the "Attendance Sheet for Clinical" and the "Clinical Site Roster Sheet" for these 37 students, dated 12/13/2022 identified:
 - a. The 14-student group with M. Martin Edwards began at 8:00 A.M. and ended at 2:00 P.M. There were 14 students observed in that classroom.

- b. The 10-student group with J. Smith began at 8:00 A.M., ended at 2:00 P.M. and the location was "Suffield House". There were 9 students observed in that classroom and the tenth student arrived at approximately 10:15 A.M. Interview with K. Santos during the tour identified that Ms. Smith's clinical group was at Suffield House then came back to campus. Interview with J. Smith, on 12/13/2022, identified that this group never went to Suffield House on 12/13/2022.
 - c. The 13-student group with A. Gilbert began at 8:00 A.M. for 11 of these students, there was no start time documented for two students and ended at 11:00 A.M. for 6 students, at 12:00 Noon for 6 students and there was no end time for one student. There were 5 students observed in that classroom. Interview with A. Gilbert, on 12/13/2022, identified that "COVID cases are high this week" at the clinical facility where the clinical experience was scheduled.
- b. Interview with Dr. Brian Pervis, the Interim Director of the Practical Nursing (PN) Program on 12/14/2022 at 3:45 P.M., identified that these campus experiences are called "campus clinicals".
- c. Review of the list for clinical experiences, provided by Stone Academy on 12/13/2022, for each campus and day & evening programs identified that:
 - 1. The observed 10-student group was assigned to have a clinical experience at Suffield House with J. Smith on 12/13/2022 from 7:00 A.M. to 2:00 P.M.
 - 2. For the East Hartford campus, day group the campus was listed as the clinical location for two groups for three days a week starting on 11/22/2022. The observed 14 student group, facilitated by M. Martin Edwards, was listed on the clinical list as "on campus clinical" from 7:00 A.M. to 2:00 P.M. There was a note on the list that "Days will be alternated for CLN V group between facility and campus".
 - 3. For the East Hartford campus evening group, the campus was listed as the clinical location for seven groups one day a week starting on 05/23/2022, 08/03/2022, 12/06/2022, and 12/10/2022 and one group for an unknown number of days per week and starting on an unknown date.
 - 4. For the Waterbury campus, the campus was listed as the clinical location for one day group for two days a week, one day group one day a week and one evening group 4 days a week. The evening group began on campus clinicals on 02/11/2022.
 - 5. For the West haven campus, day group the campus was listed as the clinical location for three groups one day a week starting on 12/17/2022.

3. Violation of 20-90-51 (b) (3) (B), Stone Academy failed to have faculty that was qualified including having a license as a Registered Nurse, and/or earned a baccalaureate degree in nursing as a minimum level of education, and/or earned a master's degree within four years of hire and/or have a minimum of three years of clinical experience.
 - a. Review of 117 PN Program faculty files identified that:
 1. There was no documentation that any of the 117 faculty were oriented to their PN Program faculty roles. Interview with G. Cannon, the Human Resources Manager on 12/14/2022, identified that it is the responsibility of the Campus Director, PN Site Administrator and Lead PN Instructor to orient each employee to their PN faculty role.
 2. 1 faculty member was not licensed as a Registered Nurse (that faculty was licensed as a Licensed Practical Nurse).
 3. 14 faculty had not earned a baccalaureate degree in nursing as a minimum level of education.
 4. 4 faculty had not earned a master's degree within four years of hire.
 5. 6 faculty did not have a minimum of three years of clinical experience.
 - b. During the tour K. King Trotman stated that M. Martin Edwards who was instructing students had an Associate Degree in Nursing and is presently completing a Bachelor of Science degree in Nursing. In addition, H. Latkofsky a PN Program faculty who had not earned a baccalaureate degree in nursing as a minimum level of education was instructing students.
 - c. Review of the class listing for the East Hartford, Waterbury and West Haven campuses identified that:
 1. For the East Hartford campus:
 1. Three faculty members that had not earned a baccalaureate degree in nursing as a minimum level of education were teaching in the classrooms five days per week and in the laboratories three days per week.
 2. For the Waterbury campus:
 1. One faculty that was not licensed as a Registered Nurse was teaching two nursing classes, three days a week to two student cohorts.
 2. One faculty that had not earned a baccalaureate degree in nursing as a minimum level of education was teaching in the laboratory, two days a week.
 3. For the West Haven campus:
 1. One faculty that had not earned a baccalaureate degree in nursing as a minimum level of education was a clinical instructor at a facility 4 days per week and one day per week for "campus clinical".
 - a. In addition, for 3 of the 4 days that this instructor was a clinical instructor there were 11 students that were scheduled for those clinical experiences. According to the Regulations, Section 20-90-48 (a) (2) (A) the faculty/student ratio "shall be no less than one (1) clinical faculty member for every ten (10) students engaged in direct client care

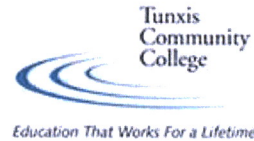
experiences”.

4. Concerns that are not violations include:
 - a. Two Practical Nursing (PN) Program faculty members that were teaching were observed not wearing a Stone Academy identification badge. Interview with Dr. Brian Pervis, the Interim Director of the PN Program on 12/14/2022 at 3:45 P.M., identified it would be the expectation that the PN Program faculty wear their Stone Academy identification badges.
 - b. While sitting in the classroom with J. Smith, the PN Program faculty repeatedly stated to the students that the Practical Nurse would complete patient assessments. Interview with Dr. Brian Pervis, the Interim Director of the PN Program on 12/14/2022 at 3:45 P.M., identified that a Practical Nurse cannot complete a patient assessment.
 - c. The Interim Director of the PN Program, Dr. Brian Pervis, was listed as teaching one class two days a week and one clinical experience one day a week for the students at the West Haven campus. Interview with Dr. Brian Pervis, on 12/14/2022 at 3:45 P.M., identified that presently he teaches one clinical experience, the PN Site Administrator roles at the East Hartford and Waterbury campuses are not filled and he, the Campus Directors and the Lead PN Instructors work together to fulfill those PN Site Administrator roles.

The Department attempted to observe clinical experiences. Violation of 20-90-55 (c), Stone Academy failed to provide students with the required hours of clinical experiences in that clinical instructors cancelled clinical experiences.

1. Presented at Arden House at 850 Mix Avenue in Hamden on 12/15/2022 at 4:45 P.M. as there was a scheduled clinical experience for the PN students from the West Haven campus, evening group scheduled from 5:00 P.M. to 10:00 P.M. at that facility.
 - a. No students or clinical instructor presented to the facility from 4:45 P.M. to 6:30 P.M.
 - b. Communication with Dr. Brian Pervis, the Interim Director of the PN Program on 12/16/2022, identified that the clinical instructor informed the students that she would not be available for clinical and directed the student to complete a “homework assignment”.
 - i. Review of that “homework assignment” identified that each student:
 1. Received a discharge summary for a new patient
 2. Needed to complete a medication flash card
 3. Should begin to research topics on the Nursing Leadership project.
Comment by Investigator: A patient discharge summary contains Health Protected Patient Information and should not be removed from the licensed healthcare facility.
2. Presented at Cheshire Regional Rehabilitation Center at 745 Highland Avenue in Cheshire on 12/19/2022 at 6:40 A.M. as there was a scheduled clinical experience for the PN students from the Waterbury campus, day group scheduled from 7:00 A.M. to 2:00 P.M. at that facility.
 - a. No students or clinical instructor presented to the facility from 6:40 A.M. to 8:00 A.M.

- b. Presented to the Waterbury campus at 101 Pierpont Road in Waterbury at approximately 8:40 A.M. Met with the Camps Director, PN Site Administrator and Assistant Program Manager and they were not aware that the clinical experience at Cheshire Regional Rehabilitation Center was cancelled. Was provided an e-mail from E. Joy the clinical instructor sent on 12/18/2022 at 4:50 P.M. to ten PN students “there will be no clinical tomorrow”. In the PN Site Administrator’s office there was a board with a list of the PN instructors including G. Giannelli, LPN and was provided a PN instructor list that included G. Gianelli, LPN.
- 3. Presented at Autumn Lake Healthcare at New Britain at 400 Brittany Farms Road in New Britain on 12/20/2022 at 6:45 A.M. as there was a scheduled clinical experience for the PN Students from the East Hartford campus, day group scheduled from 7:00 A.M. to 2:00 P.M. at that facility.
 - a. No students or clinical instructor presented to the facility from 6:40 A.M. to 7:00 A.M.
 - b. The facility Nursing Supervisor stated that the Stone Academy students were not at the facility on 12/19/2022 and after a discussion with the facility Director of Nursing stated that the instructor stated that the school is “on vacation” and will not present for a clinical experience on 12/20/2022.
 - i. Discussion with Dr. Brian Pervis, the Interim Director of the PN Program on 12/16/2022, identified that the PN Program is on break from 12/24/2022 to 01/09/2023.
- 4. Information provided by Stone Academy on 12/28/2022 included:
 - a. Faculty & staff have been reminded to wear identification badges in a visible spot.
 - b. Laboratory-in the process of updating policies including specific information to be included in binders in the lab areas, re-arrangement of supplies and eyewash station review.
 - c. Faculty office space- additional areas include:
 - i. 2 offices may be reserved in the academic suite
 - ii. Human Resources office space on the first floor and basement floor
 - iii. Classroom 106
 - d. Clinical hours- the time on campus will not count towards the students’ clinical hour requirements and the faculty was updated regarding the Regulations (what can be counted as clinical hour). Stone Academy is presently auditing each campus to ensure that students did not receive clinical hours for on-campus experiences.
 - e. Instructor status- Dr. Pervis has been assisting three campuses due to vacancies in the Site Administrator position, assisting with clinical hours on Saturdays and is working to train lead instructors.
 - i. The orientation to clinical roles had been assigned to the Recruiting/On-Boarding Specialist within the Human Resources Department and the information will be maintained in the employee file.
 - ii. Any instructors without proper credentials have been removed from providing instruction.
 - iii. Stone Academy may present waiver requests to the BOEN for instructors that have not earned graduate degrees.



December 21, 2022

Connecticut Board of Examiners for Nursing
410 Capitol Avenue
Hartford, CT 06134

Dear Board of Examiners for Nursing:

This letter is intended to serve as official notification of Quinebaug Valley Community College's interest in bringing forth an application to the Board of Nursing to begin a practical nursing program at our Willimantic instructional site with an anticipated start date of August 2024 and conclusion of the inaugural program being in June of 2025. This is envisioned to be a day 10- month program enrolling a cohort of 24 individuals annually. Over the course of the first three years of the program, we anticipate enrolling 72 new practical nursing students.

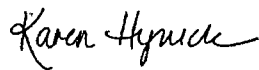
As you may be aware, the 12 public community colleges of Connecticut are in the process of a merger into a singly accredited college with 12 campuses known as Connecticut State Community College which is anticipated to occur in July of 2023. As such, when the Board of Nursing reviews our application it will be under the assumption that we will have merged into CT State Community College. Additional campuses are interested as well in potentially being a site for practical nursing programming including Norwalk Community College, Three Rivers Community College, Housatonic Community College, Tunxis Community College, and Capital Community College, all of which will become campuses of CT State in July of 2023.

According to the Connecticut Department of Labor research, there are an anticipated 308 vacancies for qualified licensed practical nurses and an anticipated nursing shortage of 9.8% for registered nurses by 2026. Ensuring Connecticut has a pipeline of highly trained nurses is vital to Connecticut's economy, health care system, and our communities. The Connecticut community college system's mission aligns with providing preparation for this important nursing role, in partnership with our local hospitals, nursing homes, and rehabilitation centers. To date, if Connecticut citizens are interested in pursuing a career as a practical nurse they must go to a for- profit institution. Connecticut community colleges have six current registered nursing programs, all in good standing with ACEN and the Board of Nursing in Connecticut. They are well positioned with highly qualified professors, facilities that can accommodate

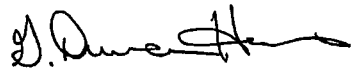
state-of-the-art nursing programming, and strong industry partnerships to help practical nurses continue their education to become registered nurses and to continue their pathway to a bachelor's degree and beyond.

Over the next several months, Quinebaug Valley, Norwalk, Three Rivers, Housatonic, Tunxis, and Capital nursing faculty and administration will work together on the feasibility study to bring forth to the Board of Nursing for consideration and endorsement. Thank you for your attention in this matter.

Sincerely,



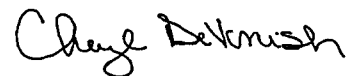
Dr. Karen Hynick, Chief Executive Officer
Quinebaug Valley Community College



Dr. G. Duncan Harris, Chief Executive Officer
Capital Community College



Dr. Dwayne Smith, Chief Executive Officer
Housatonic Community College



Cheryl De Vonish, J.D., Chief Executive Officer
Norwalk Community College



Dr. Mary Ellen Jukoski, President
Three Rivers Community College

A handwritten signature in cursive script, appearing to read "Darryl Reome".

Dr. Darryl Reome, Chief Executive Officer
Tunxis Community College

December 9, 2022

Connecticut Board of Examiners for Nursing
410 Capitol Avenue
Hartford, CT 06134

Dear Board of Examiners for Nursing:

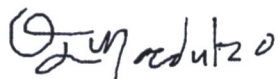
I write to affirm the intent of Quinebaug Valley Community College to put forth a formal application to the Board of Nursing to begin a new practical nursing program at their Willimantic instructional site for the 2024- 2025 academic year.

In July of 2023, Quinebaug Valley Community College will merge with the other eleven community colleges into one singularly accredited institution, Connecticut State Community College, of which all will become campuses of the larger entity. As such there may be as many as 5 other community colleges that are also interested in pursuing the feasibility of offering a practical nursing program at their campus.

I affirm CT State Community College's commitment to this application and to the future of practical nursing education. With our existing programming in both certified nurse aide and in registered nursing, the colleges are best prepared to add this level of nursing education into their portfolio. In addition, with our strong partnerships with the public state universities and with the University of Connecticut, we can support the nursing pipeline through LPN to RN and LPN to BSN programs.

If you have questions on this matter, please feel free to reach out to me directly.

Sincerely,



Dr. John Maduko

President

Connecticut State Community College



STONE ACADEMY

December 28, 2022

Helen M. Smith, RN, MSN
Nurse Consultant
Practitioner Licensing & Investigation Section
Healthcare Quality & Safety Branch
Department of Public Health, State of CT

Dear Ms. Smith:

Thank you for meeting with the team to discuss concerns related to operations. Per the overview provided by you at the end of your visit, Stone Academy respectfully submits the draft Action Plan, may be amended based on additional feedback:

Communication on Positions

Stone Academy has circulated its current organizational chart to all faculty and staff to ensure people are informed of operational managers. Dr. Pervis will continue to participate in campus faculty meetings while also sending “welcome” communications to all new faculty hires to create a direct line earlier in the on-boarding process.

Furthermore, faculty and staff have been reminded to wear identification badges in a visible spot. Stone Academy is in the process of replacing the existing software and hardware used to generate new badges to ensure information is up-to-date. It is estimated that this will be implemented by January 6, 2023.

Identified Laboratory Issues

Stone Academy is in the process of updating policies related to laboratory. A draft will be available for review no later than Friday, January 13, 2023. Existing binders related to safety data sheets with antidotes and other valuable information, some provided by the manufacturer, are maintained within the designated area in the lab. The following is also contained within those binders:

1. Rights/Responsibilities under OSHA Law
2. OSHA Laboratory Safety Guidance
3. Exposure Control Procedures
4. GHS Pictograms
5. Quick Reference Guide to Bloodborne Pathogens Standards
6. Eye-wash Station Safety Policy & Log - attached
7. SDS Sheets – sample attached
8. First Aid Kit Supplies /Medication Cart Review

Staff have re-arranged supplies to better protect them from potential damage. The eyewash units are sealed, and it has been confirmed units have a three-year shelf-life per the manufacturer. These units will be replaced July 30, 2023 (90-days prior to expiration).

Stone Academy will continue to review its staffing model to ensure there is on-going oversight/auditing of laboratory items. In the meantime, Dr. Brian Pervis will be responsible for directing staff to ensure appropriate auditing is occurring.

Faculty Office Space

The East Hartford site tour was led by Stone Academy's new Campus Director who has been with the organization for less than two months. East Hartford faculty maintain space in at least three designated areas: 1) two offices that may be reserved within the academic suite of the Education Building; 2) Human Resources office space on the first floor and lower level of the Administrative Building (attached to the Education Building); 3) the lower-level common area of the Administrative Building; and room 106 of the Education Building. This may not have been correctly disclosed during the tour, and the Academy apologizes for any confusion. Regardless, Stone Academy will inform instructors during on-boarding and in monthly faculty meetings that the space available to them.

Clinical Hour Confirmation

During the visit, three instructors were noted as being on-site providing clinical instruction. This was due to COVID issues at those sites; and students returned to campus to be provided educational opportunities prior to the scheduled holiday break. It will be appropriately recorded that the time on-campus will not count towards the students' clinical hour requirements as mandated by state regulations.

To further ensure this is not a systemic issue, a team has been reviewing attendance documentation to ensure that additional cohorts did not receive credited hours when on-campus due to clinical site issues. At this time, East Hartford attendance calculations are being reviewed, with a target completion date of January 9, 2023. At which time, we shall repeat the process for campuses in West Haven and Waterbury. It is the team's intention to complete this audit no later than February 3, 2023.

Lastly, a message was sent to all faculty as well as staff as a reminder and to reinforce the regulation that "50 percent of contact hours shall be in supervised *direct* (emphasis added) client care experiences, observational experiences...appropriate to the program's educational outcomes..." Data gathered to date reflect that East Hartford is compliant with the regulation. In the event a deficiency is discovered, students will not be allowed to graduate until such time as the hours have been met.

Instructor Status

As discussed, Dr. Pervis had been assisting three campuses as a result of vacancies in the Site Administrator position, which is a management role assisting the Program Administrator and the instructors. Stone Academy is pleased to announce that the Site Administrator position has been filled at two out of three campuses. An offer is in process to fill the remaining vacancy. In addition, Dr. Pervis has been helping to address the student backlog at clinical sites – temporarily assisting with clinical hours on Saturdays until a suitable replacement is on-board so that students can progress in a timely manner. At the same time, Dr. Pervis is working to train lead instructors to help improve outcomes of existing instructors. This will allow Dr. Pervis to focus attention toward specific educational issues that arise versus direct provision of instruction.

Please keep in mind that Dr. Pervis is part of an educational team that includes a Provost, Director of Nursing Curriculum, and a Clinical Director (actively recruiting). Each director level has administrative staff in place to support directives. Unfortunately, staff and instructor turn-over may result in temporary coverage to maintain operations.

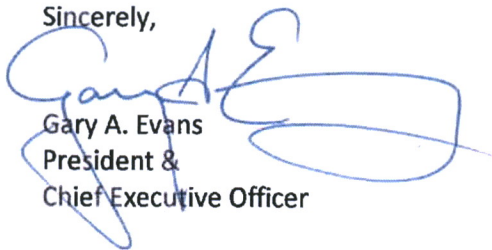
In addition, 127 personnel files were reviewed during the DPH visit. Three concerns were noted. The first related to documenting new instructors received an orientation to clinical roles. Clinical instructors are on-boarded using the attached document. This responsibility has been assigned to the Recruiting/On-Boarding Specialist within the Human Resources Department. Going forward we will ensure to maintain this information within the employees' file.

The second concern involved instructor certifications and degrees. There are seventeen instructors who maintain an RN at an associate degree level, however five are not currently active. As such, DPH noted that twelve out of 127 maintain an associate level RN and five have a BSN with fewer than three years. Any instructors without proper credentials have been removed from providing instruction. Some faculty are being reviewed for student facing roles outside of Practical Nursing content delivery.

In addition, the site visit noted five instructors out of 127 who had not yet received a master's degree. Human Resources has further reviewed all instructor files related to this issue. In the interest of transparency, a total of six instructors were identified. Stone Academy is confident but must confirm that a percentage of these instructors have received a master's degree. Stone Academy will request a waiver to the Board of Nursing as appropriate based on further findings. Three instructor files lacked adequate information to document qualifications. This is due, in part, to international equivalencies that were not complete within the file. Stone Academy is reviewing qualifications for an outside organization to evaluate international qualifications and document equivalencies. It is anticipated an organization will be selected no later than January 27, 2023. Furthermore, the Academy has developed an internal policy related to reviewing equivalencies. The draft is attached for review.

On behalf of Stone Academy, thank you for the opportunity to address these issues. It would be my intent to report on progress with these items. The team is in the process of creating a Gantt chart or tracking tool to reflect movement within the plan.

Sincerely,



Gary A. Evans
President &
Chief Executive Officer

Safety & Risk Management Policies and Procedures

Title: Emergency Eye Wash Policy

Date: December 2022

Rationale: The Occupational Safety and Health Administration (OSHA 29CFR 1910.151) requires that suitable means for flushing and quick drenching of the eyes and body must be provided near any area where corrosive materials are used.

Goals: To provide access to emergency eyewash stations for employees and students who have been exposed to corrosive or other injurious chemicals/materials in an effort to reduce serious or permanent damage to skin or eyes.

Policy: Site Administrators/Assistant Program Managers that have areas where corrosive materials are used are responsible for ensuring that emergency eyewash stations are installed and maintained before allowing work with any corrosive materials to be performed.

Procedure: The Emergency Eye Wash Policy includes information regarding:

- Roles and Responsibilities
- Proper training information
- Necessary inspections and testing
- Eye wash station locations
- Inspection checklist forms

Emergency Eye Wash Policy and Procedure

In most cases, the *initial first aid treatment for a chemical splash* is to rinse the affected area with water for at least 15 minutes prior to seeking any other medical treatment. It is often critical that the eyes be flushed during the first few seconds following a chemical splash with contaminant free water if injury is to be minimized. That's why it's important that eyewash stations are kept in proper working order and inspected with a documented program.

Chemical burns can continue to burn and cause serious tissue damage without significant pain after exposure due to a delayed effect. Chemical exposure to corrosive materials should be flushed immediately – a lag time of 2 - 3 minutes can cause substantially more severe injuries. Ocular burns can result in cornea damage, cataracts, and/or complete loss of vision. *Flushing should be initiated within the first few seconds of exposure.*

Hydrofluoric acid is a particularly hazardous caustic agent. Exposure to hydrofluoric acid must be immediately flushed with water for 30 minutes, followed by an application of a topical ointment, such as a calcium gluconate solution. **Seek medical attention immediately.**

Proper eye protection (and an additional face shield as well for particularly strong/concentrated corrosive chemicals) should always be worn when working with hazardous chemicals.

Roles and Responsibilities

PN Department

- Site Administrators/Assistant Program Managers are responsible for inspection/testing
- Ensure units are inspected and flushed per program requirements.
- Complete & file inspection checklists (monthly) for auditing purposes.
- Provide all affected employees/students with training.
- Turn in work orders to facilities immediately when repairs are needed.

PN Program Administrator

- Develop and help coordinate emergency eyewash program.
- Maintain a list of locations & types of all emergency eyewash stations.
- Maintain a list of departmental representatives assigned to inspect units.
- Conduct periodic audits of program compliance and report status.
- Provide inspection materials & tags to departmental representatives.

Requirements

Training

- All employees/students who might be exposed to a chemical splash need to be trained by their lab instructor on the following topics:
 1. The specific location of the units serving that area.
 2. How to properly activate & use the specific type of system.
 3. Eyewash – eye injury - Individuals should be instructed to hold the eyelids “open” and roll the eyeballs continuously so fluid will flow on all surfaces of the eye and under the eyelid, and then seek medical attention. Bring a copy of the MSDS to the medical facility.

General

- Eyewash stations should be available for immediate use and located within 10 seconds of the hazardous operations (approximately 50 feet), on the same level, and have a pathway that is always clear of obstructions and slip/trip hazards.
- Highly visible signs must be posted at/near the station and the area should be well-lit.
- The activating valves/levers should be highly visible and easy to use, requiring no more than a one-handed operation. Once the lever has been activated, no hands should be needed to maintain water flow.
- Nozzles must be protected with auto-opening dust covers.
- The eyewash station should provide a “minimum” of a 15-minute uninterrupted flush of lukewarm water (80 – 90 deg is preferred) provided by a temperature-mixing valve.

Inspection and Testing Protocol

- **Eyewashes** should be activated **weekly** for a period long enough to verify operation and ensure that flushing fluid is available and clean. This flushing helps clean out any rust, scale deposits, or bacteria that may accumulate and cause additional eye injury.

The **weekly** inspections should include the following:

1. Ensure that access to the eyewash is unobstructed.
2. Visually inspect the eyewash to ensure that there are no broken parts, leakage, etc.
3. Verify that protective eyewash covers are properly positioned, clean, intact, and operate properly when activated.
4. Activate eyewash unit - flush pipes: check that the spouts are clean and that the water flow is effective and continuous. Operate the eyewash for 1 minute.
5. The unit must deliver low-pressure “soft” flow to both eyes so it does not injure the open eyes.
6. Check that the unit’s valve activator remains open without the use of the operator’s hands.
7. Ensure each station has a highly visible emergency sign.
8. **For portable (non-plumbed units)**, verify that the expiration date has not been exceeded and fluid levels are full. Follow manufacturer’s instructions.
 - Check that solution is clear without color changes
 - Check expiration dates
 - Check fluid levels are full
 - Check that bottles are not opened

Stone Academy Safety & Risk Management Policies and Procedures
Emergency Eye Wash Policy and Procedure

9. Ensure that problems identified during the weekly inspection are turned in to facilities immediately.
 10. Maintain an inspection tag for this weekly testing.
 11. Maintain and file the written inspection checklist inspection for all testing for auditing.
- **Annual Eyewash Test**
 1. **Verify flow rate of the device annually.** Let the water run for exactly one minute to verify collection of at least 1.5 liters (0.4 gallon) of water for eyewash alone or 11.4 liters (3.0 gallons) for an eye/face wash unit with a minimum water pressure of 30 PSI.
 2. Check for tepid water temperature (80 – 90 deg preferred)
 3. Maintain and file the annual inspection checklist for auditing.

Inspection Information

For eyewash that are not equipped with a proper drain, you can use a bucket to collect drain water and drain in a nearby sink OR use the 5-gallon bucket with sump pump and hose connection and drain into a nearby sink.

For the annual inspection, flow meters or buckets with known volumes (1.5 liters for eyewash test) and a watch can be used to make sure the units are in proper working order with the correct amount of flow. A thermometer should be used to determine tepid water temperature until the tester is confident of the water temperature.

Departments are responsible for storing & secure testing equipment and ensuring it is maintained in good condition.

Stone Academy Safety & Risk Management Policies and Procedures
Emergency Eye Wash Policy and Procedure

| |
|---|
| Monthly Eyewash Inspection Checklist |
|---|

Month/Year: _____ Campus: _____ Room: _____

Eyewash Plumb Weekly * For Full Compliance All Boxes Must Be Checked. Any Issue Must Be Reported to Facility

| Weekly REQUIRED | WK 1 | WK 2 | WK 3 |
|---|-------------|-------------|-------------|
| Eyewash activated & flushed of contaminants (1 minute) | | | |
| Activator lever remains open without holding it down (open & close lever 5 times) | | | |
| Eyewash covers are present, clean, open & close properly | | | |
| Water flow is soft/even and flowing properly from both eyepieces/nozzles | | | |
| Emergency sign is posted | | | |
| Area is well lighted | | | |
| Access is unobstructed | | | |
| Inspection tag is signed & dated | | | |

Stone Academy Safety & Risk Management Policies and Procedures
Emergency Eye Wash Policy and Procedure

Monthly Eyewash Inspection Checklist

Month/Year: _____ Campus: _____ Room: _____

Eyewash Non-Plumb Weekly * For Full Compliance All Boxes Must Be Checked. Any Issue Must Be Reported to

| Weekly REQUIRED | WK 1 | WK 2 |
|---|-------------|-------------|
| Eyewash bottles present and not expired | | |
| Eyewash bottle seals are intact | | |
| Solution is clear | | |
| Solution has no color changes | | |
| Emergency sign is posted | | |
| Area is well lighted | | |
| Access is unobstructed | | |
| Inspection tag is signed & dated | | |

Stone Academy Safety & Risk Management Policies and Procedures
Emergency Eye Wash Policy and Procedure

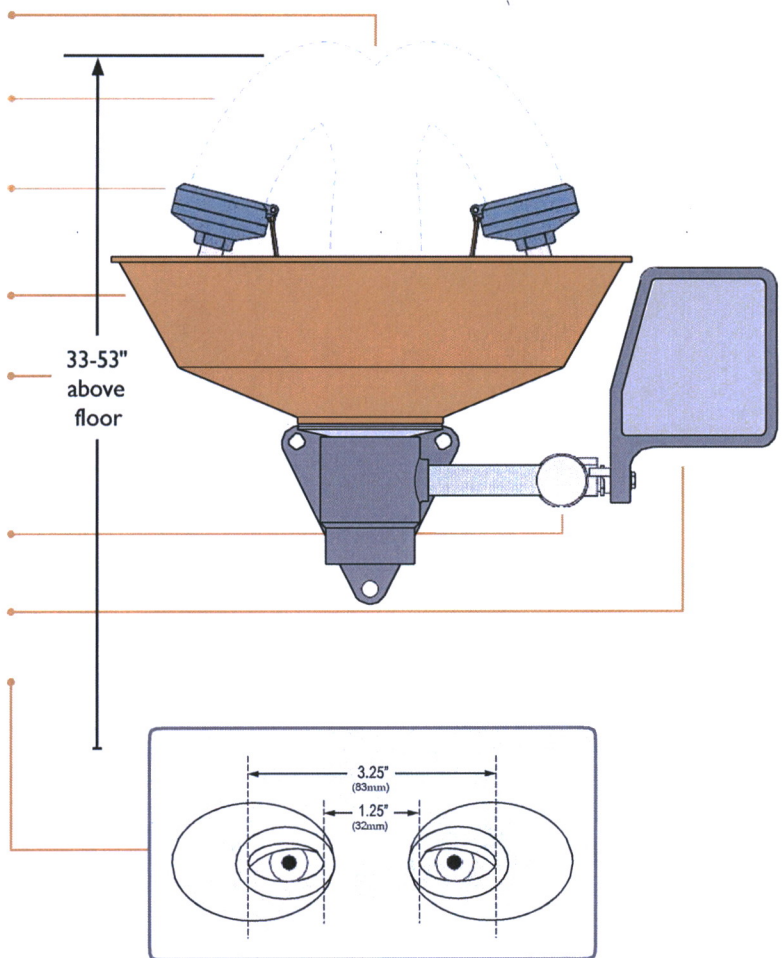
Annual Eyewash Inspection Checklists

ANSI / ISEA Z358.1 Compliance Checklist

Eye/Face Washes

This checklist is a summary of the provisions of ANSI Z358.1-2014 relating to emergency eye/face washes. Please refer to the standard for a complete listing of these provisions.

- D** Controlled, low velocity flow completely rinses eyes and face and is not injurious to user. (Section 6.1.1)
- D** Water flow is sufficiently high to allow user to hold eyes open while rinsing. (Section 6.1.7)
- D** Spray heads are protected from airborne contaminants. Covers are removed by water flow. (Section 6.1.3)
- D** Unit delivers at least 3.0 gallons (11.4 liters) of water per minute for 15 minutes. (Section 6.1.6, 6.4.5)
- D** Water flow pattern is positioned between 33" (83.8 cm) and 53" (134.6 cm) from the floor and at least 6" (15.3 cm) from the wall or nearest obstruction. (Section 6.4.4)
- D** Hands-free stay-open valve activates in one second or less. (Section 6.1.4, 6.2)
- D** Valve actuator is easy to locate and readily accessible to user. (Section 6.2)
- D** Unit washes both eyes simultaneously. Water flow covers area indicated on test gauge at no more than 8" above spray heads. (Section 6.1.8)



- D** **Location:** Install eye/face wash unit within 10 seconds (approximately 55 feet) of hazard, on the same level as hazard and with unobstructed travel path. Where strong acids or caustics are being handled, emergency eye/face wash units should be located adjacent to the hazard, and an appropriate professional should be consulted for advice on the proper distance. (Section 6.4.2; B5)
- D** **Identification:** Identify eye/face wash location with highly visible sign. Area around eye/face wash unit shall be well-lit. (Section 6.4.3)
- D** **Water Temperature:** Water delivered by eye/face wash shall be tepid (60-100°F). (Section 6.4.6; B6)
- D** **Training:** Instruct all employees in the location and proper use of eye/face wash units. (Section 6.5.4)
- D** **Maintenance/Inspection:** Activate plumbed eye/face wash units at least weekly. (Section 6.5.2) Inspect all eye/face wash units annually for compliance with standard. (Section 6.5.5)

ANSI / ISEA Z358.1 Compliance Checklist

Eyewashes

This checklist is a summary of the provisions of ANSI Z358.1-2014 relating to emergency eyewashes. Please refer to the standard for a complete listing of these provisions.

D Controlled, low velocity flow rinses both eyes and is not injurious to user. (Section 5.1.1)

D Water flow is sufficiently high to allow user to hold eyes open while rinsing. (Section 5.1.7)

D Spray heads are protected from airborne contaminants. Covers are removed by water flow. (Section 5.1.3)

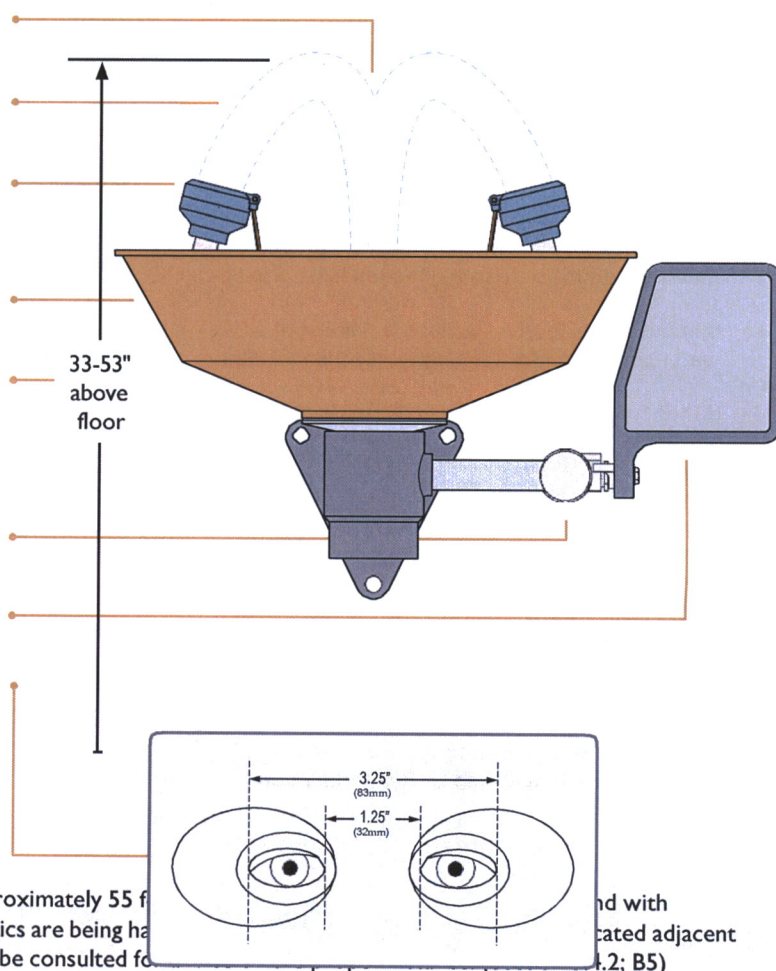
D Unit delivers at least 0.4 gallons (1.5 liters) of water per minute for 15 minutes. (Section 5.1.6, 5.4.5)

D Water flow pattern is positioned between 33" (83.8 cm) and 53" (134.6 cm) from the floor and at least 6" (15.3 cm) from the wall or nearest obstruction. (Section 5.4.4)

D Hands-free stay-open valve activates in one second or less. (Section 5.1.4, 5.2)

D Valve actuator is easy to locate and readily accessible to user. (Section 5.2)

D Unit washes both eyes simultaneously. Water flow covers area indicated on test gauge at no more than 8" above spray heads. (Section 5.1.8)



D Location: Install eyewash unit within 10 seconds (approximately 55 feet) of unobstructed travel path. Where strong acids or caustics are being handled, and an appropriate professional should be consulted for installation. (Section 5.4.3)

D Identification: Identify eyewash location with highly visible sign. Area around eyewash unit shall be well-lit. (Section 5.4.3)

D Water Temperature: Water delivered by eyewash shall be tepid (60-100°F). (Section 5.4.6; B6)

D Training: Instruct all employees/students in the location and proper use of eyewash units. (Section 5.5.4)

D Maintenance/Inspection: Activate plumbed eyewash units at least weekly. (Section 5.5.2) Inspect all eyewash units annually for compliance with standard. (Section 5.5.5)

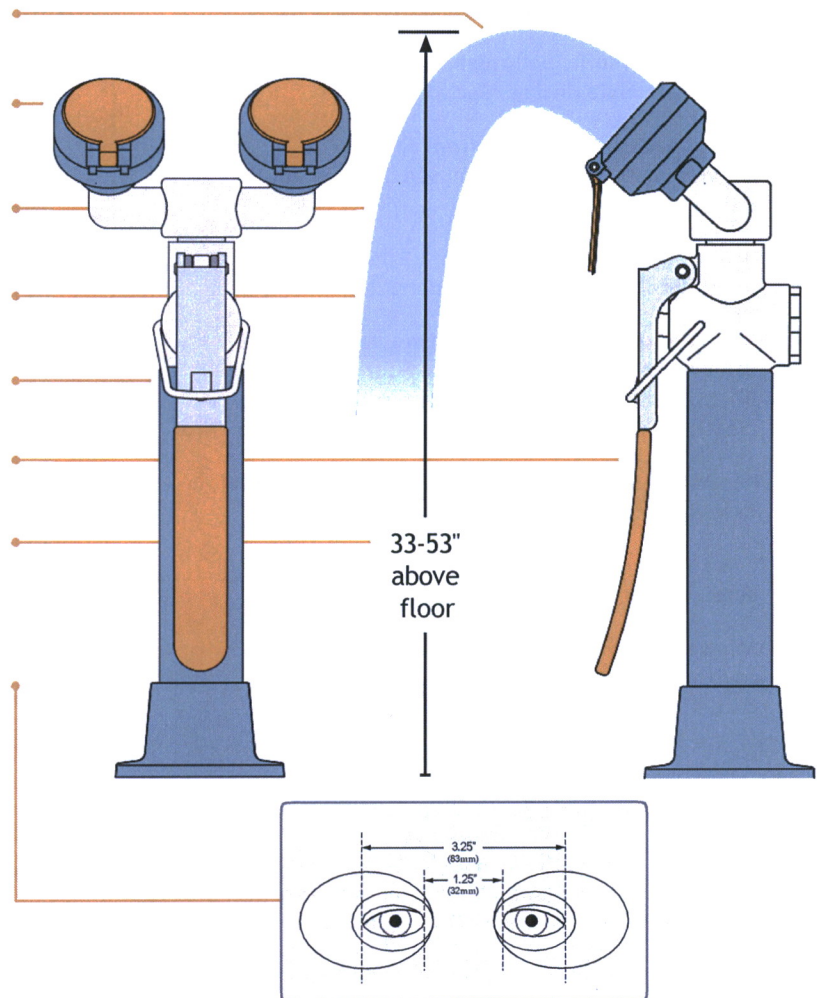
Eyewash/Drench Hose Units

ANSI Standard Z358.1-2014 states that drench hose units may supplement, but may not be used in place of dedicated eyewash units.

These dual purpose units can be used to combine an eyewash and a drench hose into a single versatile, economic unit.

This checklist summarizes the provisions of ANSI Z358.1-2014 for both eyewashes and drench hoses. Please refer to the standard for a complete listing of these provisions.

- D** Water flow is sufficiently high to allow user to hold eyes open while rinsing. (Section 5.1.7)
- D** Spray heads are protected from airborne contaminants. Covers are removed by water flow. (Section 5.1.3)
- D** Controlled, low velocity flow rinses both eyes and is not injurious to user. (Section 5.1.1, 8.2.1)
- D** Unit delivers at least 0.4 gallons (1.5 liters) of water per minute for 15 minutes. (Section 5.1.6)
- D** Hands-free stay-open valve activates in one second or less. (Section 5.2, 8.2.2)
- D** Valve actuator is easy to locate and readily accessible to user. (Section 5.2, 8.2.2)
- D** Water flow pattern is positioned between 33" (83.8 cm) and 53" (134.6 cm) from the floor and at least 6" (15.3 cm) from the wall or nearest obstruction. (Section 5.4.4)
- D** Unit washes both eyes simultaneously. Water flow covers area indicated on test gauge at no more than 8" above spray heads. (Section 5.1.8)



- D** **Location:** Install eyewash/drench hose unit within 10 seconds (approximately 55 feet) of hazard, on the same level as hazard and with unobstructed travel path. Where strong acids or caustics are being handled, emergency eyewash/drench hose unit should be located adjacent to the hazard, and an appropriate professional should be consulted for advice on the proper distance. (Section 5.4.2; B5)
- D** **Identification:** Identify eyewash/drench hose location with highly visible sign. Area around eyewash/drench hose unit shall be well-lit. (Section 5.4.3, 8.2.3.2)
- D** **Water Temperature:** Water delivered by eyewash/drench hose unit shall be tepid (60-100°F). (Section 5.4.6, 8.2.3.4; B6)
- D** **Training:** Instruct all employees and students in the location and proper use of eyewash/drench hose units. (Section 5.5.4, 8.2.4.4)
- D** **Maintenance/Inspection:** Activate eyewash/drench hose units at least weekly. (Section 5.5.2, 8.2.4.2) Inspect all eyewash/drench hose units annually for compliance with standard. (Section 5.5.5, 8.2.4.5)

D **Maintenance/Inspection:** Activate eyewash/drench hose units at least weekly. (Section 5.5.2, 8.2.4.2) Inspect all eyewash/drench

ANSI / ISEA Z358.1 Compliance Checklist

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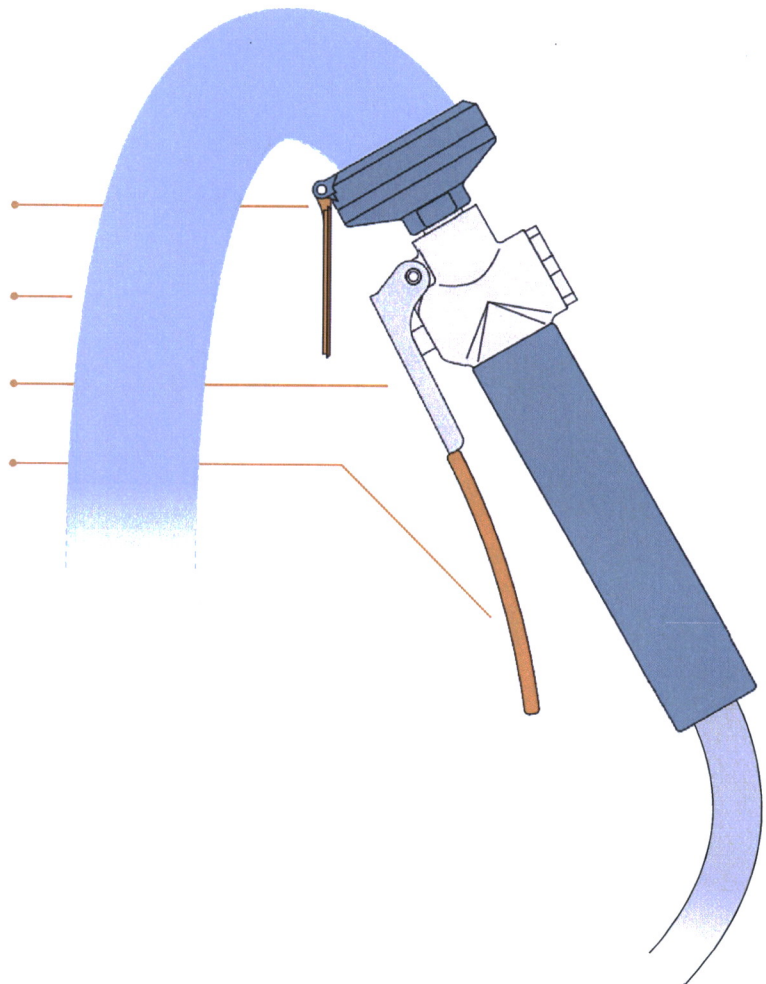
Drench Hose Units

Under ANSI Z358.1-2014, drench hose units support plumbed and self-contained emergency eyewash units, but cannot replace them. In other words, drench hoses are intended solely as supplemental equipment providing additional protection to personnel.

Drench hoses are useful in cases where the user is in a prone position or where it is necessary to reach areas of the face and body inaccessible to the fixed stream of an eyewash unit. They are also advantageous in areas (such as laboratories) where they can be installed close to where accidents might occur.

This checklist summarizes the provisions of ANSI Z358.1-2014 relating to drench hoses. Please refer to the standard for a complete listing of these provisions.

- D** Drench hose unit supplements eyewash units installed in vicinity. (Section 8)
- D** Controlled, low velocity flow is not injurious to user. (Section 8.2.1)
- D** Valve goes from 'off' to 'on' in one second or less. (Section 8.2.2)
- D** Valve actuator is easy to locate and readily accessible to the user. (Section 8.2.2)



- D** **Location:** Install drench hose unit in area free of debris or obstructions. (Section 8.2.3.2)
- D** **Identification:** Identify drench hose unit with highly visible sign. Area around drench hose unit shall be well-lit. (Section 8.2.3.2)
- D** **Water Temperature:** Water delivered by drench hose unit shall be tepid (60-100°F). (Section 8.2.3.4)
- D** **Training:** Instruct all employees and students in the location and proper use of drench hose units. (Section 8.2.4.4)
- D** **Maintenance/Inspection:** Activate drench hose units at least weekly. (Section 8.2.4.2) Inspect all drench hose units annually for compliance with standard. (Section 8.2.4.5)

EH Lab 1 Main Building SDS Sheets

<https://imgcdn.mckesson.com/CumulusWeb/Click and learn/SDS MGM16 PAD ALCOHOL PREP STR LTWT1.pdf>

<http://www.grovemedical.com/customer/grmein/customerpages/specpages/1216 SDS.pdf>

http://www.general-trading.com/images/MSDS/9539_16028002%20MSDS_Barbasol_Original_00933.pdf

https://www.iecc.edu/sites/default/files/inline-files/0_9_Sodium_Chloride_Irrigation_1.pdf

<https://safetydatasheets.pfizer.com/DirectDocumentDownloader/Document?prd=PZ03200~~PDF~~MT R~~HSP~~EN~~PFIZER&DocType=DOC>

https://www.iecc.edu/sites/default/files/inline-files/Practi-Products_Wallcur.pdf

https://www.iecc.edu/sites/default/files/inline-files/0_9_Sodium_Chloride_Irrigation_1.pdf

https://www.medline.com/media/catalog/Docs/MSDS/MSD_SDSD15808.pdf

<https://www.dentalcity.com/MSDS/67-39310.pdf>

Training Nasal Spray (30mL) needs a SDS or throw out

<https://resources.cleanitsupply.com/MSDS/GOJ1115 SDS.PDF>

https://content.oppictures.com/Master_Images/Master_PDF_Files/PGC64536 SDS.PDF

<https://msdsdigital.com/system/files/Colgate%20Total%20Mouthwash.pdf>

<https://imgcdn.mckesson.com/CumulusWeb/Click and learn/SDS PROPER DEVELOPER SERACULT 15 ML 20B.pdf>



Instructor On-Boarding Checklist

| | |
|---------------------------------|---|
| First Name, Last Name | |
| Position/Title | |
| Hire/HR Orientation Date | |
| PN Orientation Date 1 | |
| PN Orientation Date 2 | |
| Instructor Availability | DAY: M T W H F S EVE: M T W H S |

| Instructor Initials | Instructor Date | Manager Initials | |
|---------------------|-----------------|------------------|---|
| | | | Campus Tour: Buildings, Classrooms & Labs |
| | | | Instructor Photo & Badge |
| | | | Instructor PN Binder – Overview of Curriculum |
| | | | Stone Academy Lab Coat |
| | | | Student Handbook & Policies |
| | | | Faculty Handbook & Policies |
| | | | Contact Information Sheet for Stone Staff |
| | | | Contact Information Sheet for New Instructor |
| | | | Confirm: Access to Outlook |
| | | | Access set up for ATI |
| | | | ATI Information Sheet (Username, etc.) |
| | | | ATI Book Set |
| | | | Email Checklist Zip |
| | | | Covid Card |
| | | | Completed Covid Attestation Form |
| | | | Recent TB and Immunization Records |
| | | | Hep B Form Completed |
| | | | Current CPR Card |
| | | | Current CT RN License |
| | | | Create Exams/Tests |
| | | | Evolve Access and Understanding |
| | | | Elsevier - Master Teacher Certification |
| | | | Resource Drive - Form Access & Navigation |
| | | | Course Syllabi |
| | | | Course Week-By-Week |
| | | | Clinical Binder (s) |
| | | | iGrade Training |
| | | | |

| Instructor Initials | Instructor Date | Shadow 1 | |
|---------------------|-----------------|-------------------------|--|
| | | Site or Course shadowed | |
| | | Instructor shadowed | |
| | | | |
| | | | |
| | | | |

| Instructor Initials | Instructor Date | Shadow 2 | |
|---------------------|-----------------|-------------------------|--|
| | | Site or Course shadowed | |
| | | Instructor shadowed | |
| | | | |
| | | | |
| | | | |

| Instructor Initials | Instructor Date | Shadow 3 | |
|---------------------|-----------------|-------------------------|--|
| | | Site or Course shadowed | |
| | | Instructor shadowed | |
| | | | |
| | | | |
| | | | |

| Instructor Initials | Instructor Date | Shadow 4 | |
|---------------------|-----------------|-------------------------|--|
| | | Site or Course shadowed | |
| | | Instructor shadowed | |
| | | | |
| | | | |
| | | | |

Policy for Foreign Equivalency

In accordance with regulatory guidelines, faculty and staff who obtained relevant credentials outside of the United States must have their qualifications evaluated for equivalency. This equivalency must be completed prior to the onset of their employment and will be maintained in the employee file in perpetuity.

Equivalency evaluations must be provided by a member of the National Association of Credential Evaluation Services (NACES) and should include (at minimum) equivalency for any degrees awarded outside of the United States. A list of approved NACES member organizations can be found at <https://www.naces.org/members>

Draft

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

Re: In re: Karen Crosby, RN

Petition Number: 2022-1149

December 21, 2022

MOTION TO WITHDRAW STATEMENT OF CHARGES

The Department of Public Health moves the Connecticut Board of Examiners for Nursing to withdraw the Statement of Charges in the above-reference matter because respondent entered into the attached Modified Consent Order.

Respectfully submitted,

THE DEPARTMENT OF PUBLIC HEALTH

Joelle C. Newton

Joelle C. Newton, Staff Attorney
Office of Legal Compliance

ORDER

The foregoing motion having been duly considered by The Connecticut Board of Examiners for Nursing is hereby GRANTED/DENIED.

Dated January , 2023.

Connecticut Board of Examiners for Nursing

CERTIFICATION

On 12/21/2022 this motion was emailed to Attorney Leonhardt and to Department of Public Health, Public Health Hearing Office.

Joelle C. Newton

Joelle C. Newton
Staff Attorney, Office of Legal Compliance

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

In re: Patricia Taylor, LPN

Petition Number: 2022-82

December 21, 2022

MOTION TO WITHDRAW STATEMENT OF CHARGES

The Department of Public Health moves the Connecticut Board of Examiners for Nursing (“Board”) to withdraw the Statement of Charges in the above-reference matter. On December 21, 2022 the matter was presented to the Board as a Prehearing Review whereupon it was recommended that no action take place.

Respectfully submitted,

THE DEPARTMENT OF PUBLIC HEALTH

Joelle C. Newton

Joelle C. Newton, Staff Attorney
Office of Legal Compliance

ORDER

The foregoing motion having been duly considered by The Connecticut Board of Examiners for Nursing is hereby GRANTED/DENIED.

Dated January , 2023.

Connecticut Board of Examiners for Nursing

CERTIFICATION

On 12/21/2022 this motion was emailed to Attorney Richard Brown and to the Department of Public Health, Public Health Hearing Office.

Joelle C. Newton

Joelle C. Newton
Staff Attorney, Office of Legal Compliance

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

**Amanda Espinosa, L.P.N.
License No. 032464**

Petition No. 2021-1222

MEMORANDUM OF DECISION

Procedural Background

On January 25, 2022, the Department of Public Health ("Department") filed a Motion for Summary Suspension ("Motion") and a Statement of Charges ("Charges") with the State of Connecticut Board of Examiners for Nursing ("Board"). Board ("Bd.") Exhibit ("Ex.") 1-3. The Charges allege violations of Chapter 378 of the Connecticut General Statutes ("Conn. Gen. Stat.") by Amanda Espinosa ("Respondent"), which would subject Respondent's licensed practical nurse license to disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-99(b).

Based on the allegations in the Charges and the affidavits and reports attached to the Motion, the Board found that Respondent's continued nursing practice presented a clear and immediate danger to public health and safety and ordered, on February 2, 2022, pursuant to Conn. Gen. Stat. §§ 4-182(c) and 19a-17(c), that Respondent's licensed practical nurse ("LPN") license be summarily suspended pending a final determination by the Board of the allegations contained in the Charges ("Summary Suspension Order"). Bd. Ex. 3.

On February 3, 2022, the Charges, the Summary Suspension Order, and a Notice of Hearing ("Notice") were sent to Respondent by certified and electronic mail. The documents were sent to Respondent's addresses of record on file with the Department, 126 Providence Street, Taftville, CT 06380-1134 and to Amye1369@gmail.com. Bd. Ex. 4. The Notice scheduled a hearing on February 16, 2022. *Id.*

On March 30, 2022, the hearing was rescheduled for April 6, 2022. Board Ex. 5.

During the February 16, 2022 hearing, Respondent orally answered the Charges on the record of the hearing. Transcript ("Tr."). 2/16/2022, pp. 4-9. At the hearing, on February 16 and April 6, 2022, Respondent was self-represented. Tr. 4/6/2022, p. 3. The Department was represented by Attorney Aden Baume. Tr. 2/16/2022, pp. 2-3. Following the close of the record on April 6, 2022, the Board conducted fact finding.

Each member of the Board involved in this decision attests that he/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).

Allegations

1. In paragraphs one and fourteen of the Charges, the Department alleges that Respondent of Taftville, Connecticut is, and has been at all times referenced in the Charges, the holder of Connecticut practical nurse license number 032464.

Count I

2. In paragraph two of the Charges, the Department alleges that on or about May 17, 2017, the Board adopted the Reinstatement Consent Order in Petition 2017-203 ("RCO") following an application by the Respondent for a reinstatement of her license. The RCO reinstated Respondent's license and placed Respondent's license on probation for one year to include, in part, sixteen (16) hours of supervised medication administration to be completed within the first three months of probation.
3. In paragraph three of the Charges, the Department alleges that in addition to the above, the RCO specifically provided, in part, that Respondent shall provide a copy of the RCO to any and all employers if employed as a nurse during the probationary period; that the Board and the Department shall be notified in writing by any employer within fifteen (15) days of the commencement of employment as to the receipt of the RCO; that Respondent shall be responsible for the provision of quarterly written reports to the Board and Department from her nursing supervisor; that Respondent shall notify the Board and Department in writing of any change of employment within fifteen (15) days of such change.
4. In paragraph four of the Charges, the Department alleges that on or about February 18, 2018, the Board adopted a Modified Reinstatement Consent Order in Petition 2017-206 ("MRCO") due to Respondent not meeting the requirements of the RCO, as she was not then working as a nurse. The MRCO allowed the probationary terms to be held in abeyance until the Respondent resumed nursing practice.
5. In paragraph five of the Charges, the Department alleges that in addition to the above, the MRCO specifically provided, in part, that in the event Respondent resumes the practice of nursing, Respondent shall provide the Department with thirty (30) days prior written notice; that Respondent shall not return to the practice of nursing without written pre-approval from the Department; and that in the event Respondent does not practice as a nurse for periods of thirty (30) days or longer, Respondent shall notify the Department in writing.

6. In paragraph six of the Charges, the Department alleges that from on or about January 15, 2021, to on or about August 22, 2021, Respondent was employed as an LPN Charge Nurse at Villa Maria Nursing and Rehabilitation Community in Plainfield, Connecticut.
7. In paragraph seven of the Charges, the Department alleges that from on or about January 15, 2021, Respondent resumed the practice of nursing without providing the Department with thirty (30) days prior written notice.
8. In paragraph eight of the Charges, the Department alleges that on or about January 15, 2021, Respondent resumed the practice of nursing without written pre-approval from the Department.
9. In paragraph nine of the Charges, the Department alleges that on or about January 30, 2021, Respondent failed to provide a copy of the RCO and/or MRCO and/or cause notification in writing by her employer to the Board and the Department of Receipt of the RCO and/or MRCO within fifteen (15) days of employment.
10. In paragraph ten of the Charges, the Department alleges that on September 6, 2021, Respondent failed to notify the Board and the Department in writing of any change of employment within fifteen (15) days of a change in employment.
11. In paragraph eleven of the Charges, the Department alleges that on or about September 22, 2021, Respondent failed to notify the Department in writing after having not practiced as a nurse for a period of thirty consecutive days.
12. In paragraph twelve of the Charges, the Department alleges that on or about October 25, 2021, Respondent failed to ensure that quarterly written reports were sent to the Board and to the Department by Respondent's nursing supervisor.
13. In paragraph thirteen of the Charges, the Department alleges that Respondent's conduct as described above constitutes a violation of the terms of probation as set forth in the RCO and MRCO, and subjects Respondent's license to revocation or other disciplinary action authorized by Conn. Gen. Stat. § 19a-17 and 20-99(b).

Count II

14. In paragraph fourteen of the Charges, paragraphs one through thirteen of Count One are incorporated by reference as if set forth in full.
15. In paragraph fifteen of the Charges, the Department alleges that on or about August 22, 2021, Respondent abused and/or used to excess alcohol.
16. In paragraph sixteen of the Charges, the Department alleges that Respondent's abuse and/or excess use of alcohol does, and/or may, affect Respondent's practice as a licensed practical nurse.

17. In paragraph seventeen of the Charges, the Department alleges that the above facts constitute grounds for disciplinary action pursuant to Conn. Gen. Stat. § 20-99(b)(5).

Findings of Fact

1. Respondent of Taftville, Connecticut is, and has been at all times referenced in the Charges, the holder of Connecticut practical nurse license number 032464. Tr. 2/16/2022, p. 5.

Count I

2. On or about May 17, 2017, the Board adopted the RCO following an application by the Respondent for a reinstatement license. The RCO reinstated Respondent's license and placed Respondent's license on probation for one year to include, in part, sixteen (16) hours of supervised medication administration to be completed within the first three months of probation. Tr. 2/16/2022, p. 5; Dept. Ex., p. 1.
3. In addition to the above, the RCO specifically provided, in part, that Respondent shall provide a copy of the RCO to any and all employers if employed as a nurse during the probationary period; that the Board and the Department shall be notified in writing by any employer within fifteen (15) days of the commencement of employment as to the receipt of the RCO; that Respondent shall be responsible for the provision of quarterly written reports to the Board and Department from her nursing supervisor; that Respondent shall notify the Board and Department in writing of any change of employment within fifteen (15) days of such change. Tr. 2/16/2022, p. 5-6; Dept. Ex. p. 6-13.
4. On or about February 18, 2018, the Board adopted a MRCO due to Respondent not meeting the requirements of the RCO, as she was not then working as a nurse. The MRCO allowed the probationary terms to be held in abeyance until the Respondent resumed nursing practice. Tr. 2/16/2022, pp. 6-7; Dept. Ex. p. 3-5.
5. In addition to the above, the MRCO specifically provided, in part, that in the event Respondent resumes the practice of nursing, Respondent shall provide with thirty (30) days prior written notice to the Department; that Respondent shall not return to the practice of nursing without written pre-approval from the Department; and that in the event Respondent does not practice as a nurse for periods of thirty (30) days or longer, Respondent shall notify the Department in writing. Tr. 2/16/2022, p. 7; Dept. Ex. p. 3-5.

6. From on or about January 15, 2021, to on or about August 22, 2021, Respondent was employed as an LPN Charge Nurse at Villa Maria Nursing and Rehabilitation Community in Plainfield, Connecticut. Tr. 2/16/2022, p. 7; Dept. Ex. p. 1.
7. From on or about January 15, 2021, Respondent resumed the practice of nursing without providing the Department with thirty (30) days prior written notice. Tr. 2/16/2022, p. 7; Dept. Ex. p.15.
8. On or about January 15, 2021, Respondent resumed the practice of nursing without written pre-approval from the Department. Tr. 2/16/2022, p. 7-8; Dept. Ex. p. 15.
9. On or about January 30, 2021, Respondent failed to provide a copy of the RCO and/or MRCO and/or cause notification in writing by her employer to the Board and the Department of Receipt of the RCO and/or MRCO within fifteen (15) days of employment. Tr. 2/16/2022, p. 8.
10. On September 6, 2021, Respondent failed to notify the Board and the Department in writing of any change of employment within fifteen (15) days of a change in employment, when she stopped working in August 2021, and was an inpatient in a rehabilitation institution. Tr. 2/16/2022, pp. 15-16; Dept. Ex. pp. 29-30.
11. On or about September 22, 2021, Respondent failed to notify the Department in writing after having not practiced as a nurse for a period of thirty consecutive days. Tr. 2/16/2022, pp. 8-9; Dept. Ex. p. 30.
12. On or about October 25, 2021, Respondent failed to ensure that quarterly written reports were sent to the Board and to the Department by Respondent's nursing home supervisor. Tr. 2/16/2022, p. 9; Dept. Ex. p. 1.

Count II

15. On or about August 22, 2021, Respondent abused and/used to excess alcohol. Tr. 2/16/2022, p. 9; Dept. Ex. pp. 26, 28, 30.
16. Respondent's abuse and/or excess use of alcohol does, and/or may, affect Respondent's practice as a licensed practical nurse. Tr. 2/16/2022, p. 9; Dept. Ex. p. 27.

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).

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

(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: . . . (3) physical illness or loss of motor skill, including but not limited to deterioration through the aging process; (4) emotional disorder or mental illness; (5) abuse or excessive use of drugs, including alcohol, narcotics or chemicals;

Under Conn. Gen. Stat. § 20-99(b)(3), (4), and (5), a licensee whose conduct fails to conform to the accepted standards of the nursing profession which includes, but is not limited to emotional disorder, mental illness, abuse or excessive use of drugs, including alcohol, narcotics or chemicals, may after a hearing, have his or her license revoked or suspended.

The conduct admitted in conjunction with the Department's sustaining its burden of proof, renders Respondent's license subject to sanctions, among others, revocation, suspension or probation. *See* Conn. Gen. Stat. §§ 19a-17. Based on the totality of the evidence, and Respondent's credible testimony, the Board finds that Respondent can practice nursing with reasonable skill and safety under the terms of this Order.

Regarding the allegations contained in paragraphs one and fourteen of the Charges, Respondent admits that she, of Taftville, Connecticut, is and has been at all times referenced in the Charges, the holder of Connecticut practical nurse license number 032464. In addition, the Department sustained its burden of proof regarding the allegations contained in paragraphs one and fourteen of the Charges.

Regarding the allegations contained in paragraph two of the Charges, Respondent admits that on or about May 17, 2017, the Board adopted the RCO following an application by the Respondent for a reinstatement license. The RCO reinstated Respondent's license and placed Respondent's license on probation for one year to include, in part, sixteen (16) hours of supervised medication administration to be completed within the first three months of probation. Tr. 2/16/2022, p. 5; Dept. Ex. p. 1. In addition, the Department sustained its burden of proof regarding the allegations contained in paragraph two of the Charges.

Regarding the allegations contained in paragraph three of the Charges, Respondent admits that in addition to the above, the RCO specifically provided, in part, that Respondent shall provide a copy of the RCO to any and all employers if employed as a nurse during the probationary period; that the Board and the Department shall be notified in writing by any

employer within fifteen (15) days of the commencement of employment as to the receipt of the RCO; that Respondent shall be responsible for the provision of quarterly written reports to the Board and Department from her nursing supervisor; that Respondent shall notify the Board and Department in writing of any change of employment within fifteen (15) days of such change. Tr. 2/16/2022, p. 3. In addition, the Department sustained its burden of proof with regard to the allegations contained in paragraph three of the Charges.

Regarding the allegations contained in paragraph four of the Charges, Respondent admits that on or about February 18, 2018, the Board adopted a MRCO due to Respondent not meeting the requirements of the RCO, as she was not then working as a nurse. The MRCO allowed the probationary terms to be held in abeyance until the Respondent resumed nursing practice. Tr. 2/16/2022, pp. 6-7. In addition, the Department sustained its burden of proof with regard to the allegations contained paragraph four of the Charges.

Regarding the allegations contained in paragraph five of the Charges, Respondent admits that in addition to the above, the MRCO specifically provided, in part, that in the event Respondent resumes the practice of nursing, Respondent shall provide the Department with thirty (30) days prior written notice; that Respondent shall not return to the practice of nursing without written pre-approval from the Department; and that in the event Respondent does not practice as a nurse for periods of thirty (30) days or longer, Respondent shall notify the Department in writing. Tr. 2/16/2022, p. 7. In addition, the Department sustained its burden of proof regarding the allegations contained in paragraph five of the Charges.

Regarding the allegations contained in paragraph six of the Charges, Respondent admits that from on or about January 15, 2021, to on or about August 22, 2021, Respondent was employed as an LPN Charge Nurse at Villa Maria Nursing and Rehabilitation Community in Plainfield, Connecticut ("Villa Maria"). Tr. 2/16/2022, p. 7. In addition, the Department sustained its burden of proof with regard to the allegations contained in paragraph six of the Charges.

Regarding the allegations contained in paragraph seven of the Charges, Respondent admits that from on or about January 15, 2021, Respondent resumed the practice of nursing without providing the Department with thirty (30) days prior written notice. Tr. 2/16/2022, p. 7. In addition, the Department sustained its burden of proof with regard to the allegations contained in paragraph seven of the Charges.

Regarding the allegations contained in paragraph eight of the Charges, Respondent admits that on or about January 15, 2021, Respondent resumed the practice of nursing without written pre-approval from the Department. Tr. 2/16/2022, p. 7-8. In addition, the Department sustained its burden of proof regarding the allegations contained in paragraph eight of the Charges.

Regarding the allegations contained in paragraph nine of the Charges, Respondent admits that on or about January 30, 2021, Respondent failed to provide a copy of the RCO and/or MRCO and/or cause notification in writing by her employer to the Board and the Department of Receipt of the RCO and/or MRCO within fifteen (15) days of employment. Tr. 2/16/2022, p. 8. In addition, the Department sustained its burden of proof regarding the allegations contained in paragraph nine of the Charges.

Regarding the allegations contained in paragraph ten of the Charges, the Department sustained its burden of proof that on September 6, 2021, Respondent failed to notify the Board and the Department in writing of any change of employment within fifteen (15) days of a change in employment, after she stopped working as a licensed practical nurse at Villa Maria in August 2021. Tr. 2/16/2022, pp. 8, 15; Dept. Ex. pp. 29-30.

Respondent testified that she was an inpatient at the Stonington Institute for 45 days during that time and, therefore, could not communicate with the Department. Tr. 2/16/2022, pp. 14-17. Respondent's testimony is corroborated by the medical records she provided the Board. Respondent ("R."). Exs. A and B (under seal). Therefore, the Department sustained its burden of proof regarding the allegations contained in paragraph ten of the Charges.

Regarding the allegations contained in paragraph eleven of the Charges, Respondent admits that on or about September 22, 2021, that she failed to notify the Department in writing after having not practiced as a nurse for a period of thirty consecutive days. Tr. 2/16/2022, pp. 8-9. In addition, the Department sustained its burden of proof regarding the allegations contained in paragraph eleven of the Charges.

Regarding the allegations contained in paragraph twelve of the Charges, Respondent admits that on or about October 25, 2021, she failed to ensure that quarterly written reports were sent to the Board and to the Department by her nursing home supervisor. Tr. 2/16/2022, p. 9. In addition, the Department sustained its burden of proof regarding the allegations contained in paragraph twelve of the Charges.

Regarding the allegations contained in paragraph fifteen of the Charges, Respondent admits that on or about August 22, 2021, she abused and/used to excess alcohol. Tr. 2/16/2022, p. 9. In addition, the Department sustained its burden of proof regarding the allegations contained in paragraph fifteen of the Charges.

Regarding the allegations contained in paragraph sixteen of the Charges, Respondent admits that her abuse and/or excess use of alcohol does, and/or may, affect her practice as a licensed practical nurse. Tr. 2/16/2022, p. 9. In addition, the Department sustained its burden of proof regarding the allegations contained in paragraph sixteen of the Charges.

In her defense, Respondent admits the allegations and testified that she acknowledges making some mistakes. She testified that she failed to notify the Department, in some instances, because she was in a treatment facility, where she couldn't make a phone call. Tr. 2/16/2022, pp. 13-14. Respondent testified that she was inpatient at the Stonington Institute for approximately forty five (45) days. *Id.* at p. 17. She was also receiving treatment at an outpatient client after her inpatient stay. *Id.* She also testified that she is doing everything she is supposed to be doing in order to get well and be able to practice, *i.e.* she is on a treatment plan. *Id.* p. 14.

The conduct admitted, in conjunction with the Department sustaining its burden of proof, renders Respondent's license subject to sanctions, including among others, revocation, suspension or probation. *See* Conn. Gen. Stat. § 19a-17. Nonetheless, based on the totality of the evidence, and Respondent's credible testimony concerning her improved mental health and sobriety after her 45-day inpatient stay at the Stonington Institute (Tr. 2/16/2022, p. 6 (under seal)), her participation in individual psychotherapy and alcohol and drug abuse management with Dr. Thurber, her medical treatment at Connecticut Addiction Medicine, her willingness to continuing treatment, including AA meetings (Tr. 2/16/2022, p. 8; R. Ex. A, p. 2 (under seal)), and other support groups, the Board finds that Respondent can practice nursing with reasonable skill and safety under the terms of this Order.

The Board finds that there is sufficient evidence to impose the order below.

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 and 20-99(b)(5), the Board finds, with respect to License No. 032464, that the conduct alleged and proven in Counts 1 and II of the Charges, which are severable, each warrant the disciplinary action imposed by this Order, as set forth below:

1. Respondent's license shall be suspended for a period of six (6) months starting on April 6, 2022.¹
2. Following said suspension, Respondent's license shall be placed on probation for a period of four (4) years under the following terms and conditions from the date this Decision is signed. If any of the conditions of probation are not met, Respondent's licensed practical nurse license may be subject to disciplinary action pursuant to Conn. Gen. Stat. § 19a-17.
 - A. During the period of probation, the Department shall pre-approve Respondent's employment and/or change of employment within the nursing profession.
 - B. Respondent shall not be employed as a nurse for a personnel provider service, assisted living services agency, homemaker-home health aide agency, or home health care agency, and shall not be self-employed as a nurse for the period of probation.
 - C. Respondent shall provide a copy of this Decision to any and all employers if employed as a nurse during the probationary period. The Department shall be notified in writing by any employer(s), within 30 days of the commencement of employment, as to receipt of a copy of this Decision.
 - D. Respondent shall not administer, count, or have access to controlled substances, or have responsibility for such activities in the course of performing nursing duties during the first year of working as a nurse during the probationary period.
 - E. If employed as a nurse, Respondent shall cause employer reports to be submitted to the Department, by her immediate supervisor during the entire probationary

¹ The last day of hearing in this matter was on April 6, 2022, and at such time Respondent remained summarily suspended. During fact-finding the Board voted to impose a six-month suspension followed by a four-year probation. Since this Order is effective upon signature, the six-month suspension is deemed completed and the probationary terms shall immediately commence.

period. Employer reports shall be submitted commencing with the report due on the first business day of month following employment as a nurse. Employer reports shall be submitted monthly during the first and fourth years of probation, and quarterly during the second and third years of probation.

- F. The employer reports cited in Paragraph E above shall include documentation of Respondent's ability to practice nursing safely and competently. Employer reports shall be submitted directly to the Department at the address cited in Paragraph Q below.
- G. Should Respondent's employment as a nurse be involuntarily terminated or suspended, Respondent and her employer shall notify the Department within 72 hours of such termination or suspension.
- H. If Respondent pursues further training in any subject area that is regulated by the Department, Respondent shall provide a copy of this Memorandum of Decision to the educational institution or, if not an institution, to Respondent's instructor. Such institution or instructor shall notify the Department in writing as to receipt of a copy of this Decision within 15 days of receipt. Said notification shall be submitted directly to the Department at the address cited in Paragraph Q below.
- I. At her expense, Respondent shall engage in therapy and counseling for chemical dependency with a licensed or certified therapist, approved by the Department, during the entire period of probation.
- J. Respondent shall provide a copy of this Decision to her therapist. The Department shall be notified in writing by her therapist, within 30 days of the effective date of this Decision, as to receipt of a copy of this Decision.
- K. Respondent shall cause evaluation reports to be submitted to the Department by her therapist during the entire probationary period. Therapist reports shall be submitted monthly during the first and fourth years of probation, and quarterly during the second and third years of probation.
- L. The therapist reports cited in Paragraph K above shall include documentation of dates of treatment, and an evaluation of Respondent's progress, including alcohol and drug free status, and ability to practice nursing safely and

competently. Therapist reports shall be submitted directly to the Department at the address cited in Paragraph Q below.

M. Observed random urine screens

- (1) At her expense, Respondent shall be responsible for submitting to observed random chain of custody urine screens for alcohol and drugs for the entire probationary period, at a testing facility approved by the Department. Random alcohol/drug screens shall be legally defensible in that specimen donor and chain of custody can be identified throughout the screening process.
- (2) Respondent shall be responsible for notifying the laboratory, her therapist, the Department and her prescribing practitioner of any drug(s) she is taking. For any prescription of a controlled substance(s) for more than two consecutive weeks, Respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports to the Department until such time as the controlled substance(s) are no longer prescribed. The reports shall include the following:
 - a. A list of controlled substances prescribed by this provider for Respondent;
 - b. A list of controlled substance(s) prescribed by other providers;
 - c. An evaluation of Respondent's need for the controlled substances; and
 - d. An assessment of Respondent's continued need for the controlled substance(s).
- (3) There must be at least one such random alcohol/drug screen on a weekly basis during the first and fourth years of the probationary period; and at least twice a month such random alcohol/drug screens during the second and third years of the probationary period.
- (4) Random alcohol/drug screens shall be negative for the presence of alcohol and drugs. All urine screens for alcohol will be tested for Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS) metabolites. All positive screen results shall be confirmed by the Gas Chromatograph Mass Spectrometer (GC/MS) testing method. Chain of custody documentation

must accompany all laboratory reports and/or the laboratory reports must indicate that chain of custody procedures has been followed.

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

| | |
|--------------------------------|---------------------|
| Amphetamines | Methadone |
| Barbiturates | Benzodiazepines |
| Opiates (Metabolites) | Tramadol |
| Cannabinoids (THC Metabolites) | Phencyclidine (PCP) |
| Cocaine | Propoxyphene |
| Meperidine (Demerol) | Ethanol (alcohol) |

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

- N. Respondent shall not obtain for personal use and/or use alcohol or any drug that has not been prescribed for her, for a legitimate purpose, by a licensed health care practitioner authorized to prescribe medications. Respondent shall not abuse and/or excessively use any drugs that are prescribed for a legitimate medical purpose.
- O. Respondent is hereby advised that the ingestion of poppy seeds may produce a positive drug screen result indicating the presence of opiates/morphine. The ingestion of mouthwash, over the counter cough suppressants and cold/flu remedies may produce a positive result indicating the presence of alcohol. For that reason, any food substance containing poppy seeds, mouthwash and over the counter cough suppressants and cold/flu remedies should be avoided during the probationary period. In the event that a drug/alcohol screen is positive for opiates/morphine and/or alcohol, the ingestion of poppy seeds, mouthwash over the counter cough suppressants and/or cold/flu remedies shall not constitute a defense to such positive screen.
- P. The Department must be informed in writing prior to any change of address.
- Q. All communications, payments if required, correspondence, and reports are to be addressed to:

Practitioner Monitoring and Compliance Unit

Department of Public Health
Healthcare Quality and Safety Branch
410 Capitol Avenue, MS #12HSR
P. O. Box 340308
Hartford CT 06134-0308

5. Any deviation from the terms of probation, without prior written approval by the Board, shall constitute a violation of probation, which will be cause for an immediate hearing on charges of violating this Order. Any finding that Respondent has violated this Order will subject Respondent to sanctions under Conn. Gen. Stat. § 19a-17(a) and (c), including but not limited to, the revocation of her license. Any extension of time or grace period for reporting granted by the Board shall not be a waiver or preclude the Board's right to take subsequent action. The Board shall not be required to grant future extensions of time or grace periods. Notice of revocation or other disciplinary action shall be sent to Respondent's address of record on file with the Department, which is deemed to be the most current address that Respondent has reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
6. 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 the Bureau Chief of the applicable unit in the Chief State's Attorney's Office.

This Order becomes effective, and the first year of probation of licensed practical nurse license No. 032464 shall commence, on the date of signature of this Decision.

The Board of Examiners for Nursing hereby informs Respondent, Amanda Espinosa, and the Department of this decision.

Dated at Hartford, Connecticut this ____ day of _____, 2023.

BOARD OF EXAMINERS FOR NURSING

By _____
Patricia C. Bouffard, D.N.Sc., Chair

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

Kimberly Lemire, R.N.
License No. 155761

Petition No. 2022-561

MEMORANDUM OF DECISION

I

Procedural Background

On June 23, 2022, the Department of Public Health ("Department") filed a Statement of Charges ("Charges") with the Board of Examiners for Nursing ("Board"). Board ("Bd.") Exhibit ("Ex.") 1. The Charges allege violations of Chapter 378 of the Connecticut General Statutes ("Conn. Gen. Stat.") by Kimberly Lemire ("Respondent"), which would subject Respondent's registered nurse ("R.N.") license no. 155761 to disciplinary action pursuant to Conn. Gen. Stat. § 19a-17 and §§ 20-99(b)(1), 20-99(b)(2), 20-99(b)(6) and/or 20-99(b)(7). *Id.*

On the same date, the Department filed a Motion for Summary Suspension ("Motion") regarding Respondent's practice and the active status of her R.N. license. Bd. Ex. 2. On July 20, 2022, based on the allegations in the Charges and the affidavits and reports accompanying the Motion, the Board found that Respondent's continued nursing practice presented a clear and immediate danger to public health and safety and on the same date, ordered pursuant to Conn. Gen. Stat. § 4-182(c) and § 19a-17(c), that Respondent's license be summarily suspended pending a final determination by the Board of the allegations contained in the Charges ("Summary Suspension Order"). Bd. Ex. 3.

On July 20, 2022, the Charges, Notice of Hearing ("Notice") and Summary Suspension Order were mailed to Respondent, by certified and first-class mail to her address of record on file with the Department, 46 Reservoir Road, Pascoag, RI 02859. Bd. Ex. 4. Also on July 20, 2022, the Charges, Notice and Summary Suspension Order were sent to Respondent via her email address of record on file with the Department at Kimberly.lemire@yahoo.com.

On August 2, 2022, at 7:35 a.m., the Board's liaison emailed the link to the virtual hearing to Respondent. Bd. Ex. 5.

The virtual hearing was held on August 3, 2022. Respondent was not present at the hearing and was not represented by legal counsel. Transcript (“Tr.”) p. 3. Attorney Aden Baume represented the Department. *Id.*

Respondent did not answer the Charges within 14 days from the date of the Notice. At the hearing Attorney Baume orally moved to deem the allegations admitted. Tr. pp. 9-10.

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 Pascoag, RI, and has been at all times, as referenced in the Charges, the holder of Connecticut R.N. license number 155761.
2. In paragraph 2 of the Charges, the Department alleges that Respondent was also the Respondent in Petition No. 2019-1237 wherein the Board on or about May 20, 2020, summarily suspended Respondent’s registered nurse license number 155761; and, on or about June 17, 2020, held a hearing; and, on or about April 21, 2021, issued a Memorandum of Decision; and, on or about September 15, 2021, issued an Amended Memorandum of Decision and placed Respondent’s registered nurse license on probation for one year.
3. In paragraph 3 of the Charges, the Department alleges that on or about May 23, 2022, in the matters of Kimberly Lemire, R.N., Matters No. C22-0536 and C22-0580 (“the RI Matters”), the Rhode Island Board of Nurse Registration and Nursing Education (“the RI Board”), issued a document entitled Order Revoking License (“the RI Order”), wherein it revoked Respondent’s Rhode Island registered nurse license.
4. In paragraph 4 of the Charges, the Department alleges that in the RI Order cited to a hearing it held in the RI Matters, and the facts that it found. Those facts, included, in part, that:
 - a. As a registered nurse in Connecticut, Respondent failed to document hospital records, failed to safeguard controlled substances, failed to administer and/or document properly the administration of controlled substances, falsified

- and/or improperly documented control substance disposition records, and falsified another person's name for the wasting of a controlled substance; and
- b. In July 2018 Respondent had discrepancies in her narcotics book at a nursing home where she was employed;
 - c. In December 2018, Respondent diverted oxycodone at a nursing home in Rhode Island;
 - d. On three different occasions in 2020, Respondent diverted oxycodone at two different nursing homes at which she worked;
 - e. Respondent was not truthful on her 2021 Rhode Island renewal application whereon she failed to disclose the May 2020 disciplinary action taken by Connecticut against her registered nurse license;
 - f. In February 2022, Respondent diverted oxycodone at a nursing home where she worked and forged the director of nursing's signature in an effort to cover up her diversion; and
 - g. In April 2022, Respondent diluted morphine of a patient in her care.
5. In paragraph 5 of the Charges, the Department alleges that the above cited facts evidence conduct of Respondent failing to conform to the accepted standards of the nursing profession; they represent a clear and immediate danger to the public health and safety if Respondent is allowed to continue to practice, and they constitute grounds for disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-99, including, but not limited to §§ 19a-17(a), 19a-17(c), 19a-17 (f), 20-99(b)(1), 20-99(b)(2), 20-99(b)(6) and/or 20-99(b)(7).
6. In paragraph 6 of the Charges, the Department alleges that for the foregoing reasons, Respondent's continued practice as a registered nurse represents a clear and immediate danger to the public health and safety.

III

Findings of Fact

1. On July 20, 2022, the Department sent the Charges, Notice and Summary Suspension Order by first class and certified mail to Respondent at her address of record on file with the Department. The Department also emailed the same correspondence to Respondent's email address of record on file with the Department, at Kimberly.lemire@yahoo.com. Bd. Ex. 4.
2. The Board determined that the Department provided Respondent with reasonable and written notice of the hearing and the allegations contained in the Charges. Tr. pp. 3, 5.
3. On August 3, 2022, neither Respondent nor an attorney representing Respondent appeared at the hearing. Tr. p. 3. Respondent did not request a continuance of the hearing.

4. Respondent was also the Respondent in Petition No. 2019-1237 wherein the Board on or about May 20, 2020, summarily suspended Respondent's registered nurse license number 155761 (Department's) Ex. 1, p. 1; and, on or about June 17, 2020, held a hearing (Id.); and, on or about April 21, 2021, issued a Memorandum of Decision (Dept. Ex. 1, pp. 1-8); and, on or about September 15, 2021, issued an Amended Memorandum of Decision and placed Respondent's registered nurse license on probation for one year. Dept. Ex. 2, pp. 10-16.
5. On or about May 23, 2022, in the matters of Kimberly Lemire, R.N., Matters No. C22-0536 and C22-0580 ("the RI Matters"), the Rhode Island Board of Nurse Registration and Nursing Education ("the RI Board"), issued a document entitled Order Revoking License ("the RI Order"), wherein it revoked Respondent's Rhode Island registered nurse license. Dept. Ex. 3, pp. 23-24; Dept. Ex. 4, pp. 25-26.
6. The RI Order was based in part on the evidence that on her February 11, 2021, renewal application for her RI registered nurse license, Respondent lied when she answered "no" to the question regarding whether she had been disciplined since her last renewal. Respondent failed to disclose that her license to practice nursing in CT was suspended on May 20, 2020. Dept. Ex. 3, p. 19; Dept. Ex. 4, p. 26.
7. In April 2022, the RI Board received a complaint from a second nursing home that Respondent had diluted morphine in March 2022 that was for a patient in her care. Dept. Ex. 3, p. 19; Dept. Ex. 4, pp. 25-26. Respondent was arrested for larceny of a controlled substance. *Id.*
8. In April 2022, the RI Board received another diversion complaint concerning Respondent's misconduct. The record evidences that in February 2022, Respondent forged the director of nursing's signature on a medical log form that documented that 18 oxycodone pills had been destroyed. Respondent also failed to comply with the second nursing home's protocol that required a second document to confirm that the oxycodone pills were destroyed. Dept. Ex. 3, pp. 19-20; Dept. Ex. 4, p. 26.
9. The RI Order cited to a hearing it held in the RI Matters. It found the following facts:
 - a. As a registered nurse in Connecticut, Respondent failed to document hospital records, failed to safeguard controlled substances, failed to administer and/or document properly the administration of controlled substances, falsified and/or improperly documented control substance disposition records, and falsified another person's name for the wasting of a controlled substance; and
 - b. In July 2018 Respondent had discrepancies in her narcotics book at a nursing home where she was employed; and
 - c. In December 2018, Respondent diverted oxycodone at a nursing home in Rhode Island.

Dept. Ex. 3, pp. 21- 23.

10. On May 23, 2022, based on the foregoing facts that were proven by a preponderance of the evidence, the RI Board revoked Respondent's registered nurse license to practice in RI. Dept. Ex. 3, pp. 23-24.
11. The Department proved by a preponderance of the evidence that the above cited facts evidence conduct of Respondent failing to conform to the accepted standards of the nursing profession; they represent a clear and immediate danger to the public health and safety if Respondent is allowed to continue to practice, and they constitute grounds for disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-99, including, but not limited to §§ 19a-17(a), 19a-17(c), 19a-17 (f), 20-99(b)(1), 20-99(b)(2), 20-99(b)(6) and/or 20-99(b)(7).

IV

Discussion and Conclusions of Law

The Department bears the burden of proof by a preponderance of the evidence in this matter. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727, 739-740 (2013).

The Department sustained its burden of proof with regard to all of the allegations contained in the Charges. Findings of Fact ("FF") 1-8.

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

- (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: . . . (1) Fraud or material deception in procuring or attempting to procure a license to practice nursing; (2) illegal conduct, incompetence or negligence in carrying out usual nursing functions; . . . (6) fraud or material deception in the course of professional services or activities; (7) willful falsification of entries in any hospital, patient or other record pertaining to drugs, the results of which are detrimental to the health of a patient.

Conn Gen. Stat. § 19a-17 provides, in pertinent part, that:

- (a) Each board or commission, . . . and the Department of Public Health . . . may take any of the following actions, . . . based on conduct that occurred prior or subsequent to the issuance of a license upon finding the existence of good cause. . . (1) Revoke a practitioner's license; . . .
- (c) Such board or commission . . . where appropriate may summarily suspend a practitioner's license in advance of a final adjudication or during the appeals process

if such board or commission finds that a practitioner represents a clear and immediate danger to the public health and safety if he/she is allowed to continue to practice.

- (f) Such board may take disciplinary action against a practitioner's license or permit as a result of the practitioner having been subject to disciplinary action by a duly authorized professional disciplinary agency of any state

Specifically, under Conn. Gen. Stat. § 19a-17(f), the Board can discipline the license of a nurse that has been disciplined by another state. Additionally, under Conn. Gen. Stat. §§ 20-99(b)(1) (2) (6) and (7), the Board can discipline the license of a nurse who “fails to conform to the accepted standards of practice of the nursing profession, including, fraud or material deception in procuring or attempting to procure a license to practice nursing; illegal conduct, incompetence or negligence in carrying out usual nursing functions; fraud or material deception in the course of professional services or activities; and willful falsification of entries in any hospital, patient or other record pertaining to drugs, the results of which are detrimental to the health of a patient.

Since Respondent did not file an Answer, the allegations are deemed admitted and true. *See*, Conn. Agencies Regs. § 19a-9-20. In addition, among other violations, the Department established by a preponderance of the evidence that pursuant to Conn. Gen. Stat. §§ 20-99(b)(1), Respondent's misrepresentation on her renewal application for her RI license violated the provisions regarding fraud or material deception in procuring or attempting to procure her RI license.

The Department also established by a preponderance of the evidence that Respondent committed forgery when she signed her director of nursing's name on a medical log sheet in violation of Conn. Gen. Stat. §§ 20-99(b)(2), (6) and (7). Furthermore, the Department proved that Respondent's diversion of controlled substances prescribed for patients in her care also constituted a violation of Conn. Gen. Stat. §§ 20-99(b)(2), (6) and (7). The RI Board also had evidence of Respondent's diversion of controlled substances dating back to 2018. Dept. Ex. 4, pp. 25-26.

Ultimately, the Department established by a preponderance of the evidence that Respondent's practice of nursing falls below the standard of care in one or more ways, including, but not limited to practicing nursing in a substandard and/or negligent manner, and such misconduct poses a health and safety risk to her patients. Thus, the Board concludes that

Respondent's conduct, as alleged in the Charges constitutes grounds for disciplinary action pursuant to Conn. Gen. Stat. §§ 20-99(b)(1), (2), (6) and (7), and §19a-17(a). (c) and (f).

Order

Based on the record in this case, the above findings of fact and conclusions of law, the Board hereby orders, with respect to Kimberly Lemire's license number 155761, to practice as a R.N. in the State of Connecticut is hereby revoked.

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

The Board hereby informs Respondent, Kimberly Lemire, and the Department of this decision.

Dated at Waterbury, Connecticut this day of January 2023.

BOARD OF EXAMINERS FOR NURSING

By _____
Patricia C. Bouffard, D.N.Sc., Chair

SUMMARY SUSPENSION COVER SHEET

In re: Proctor Norman Hayes, RN

Petition Number: 2022-409

1. Proctor Norman Hayes (“respondent”) graduated from Northern Essex Community College in 2003. He received his Connecticut nursing license on March 6, 2022.
His Connecticut nursing license has not been previously disciplined.
2. On multiple occasionS in 2021 through March 2022, respondent abused and/or utilized to excess alcohol.
3. On or about March 29, 2022 and/or March 30, 2022, while practicing nursing at Yale New Haven Hospital, respondent abused and/or utilized to excess alcohol.
4. For the foregoing reasons, the Department believes that respondent’s ability to practice nursing represents a clear and immediate danger to the public health and safety. The Department respectfully requests that the Board summarily suspend respondent’s nursing license until a full hearing on the merits can be held.

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

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

In re: Proctor Norman Hayes, RN

Petition Number: 2022-409

STATEMENT OF CHARGES

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

1. Proctor Norman Hayes of Haverhill, Massachusetts ("respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut registered nurse license number 190406.
2. On multiple occasions in 2021 through March 2022, respondent abused and/or utilized to excess alcohol.
3. On or about March 29, 2022 and/or March 30, 2022, while practicing nursing at Yale New Haven Hospital, respondent abused and/or utilized to excess alcohol.
4. Respondent's abuse and/or excessive use alcohol does, and/or may, affect his practice as a nurse.
5. The above-described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-99(b), including but not limited to:
 - a. §20-99(b)(2); and/or
 - b. §20-99(b)(5).

THEREFORE, the Department prays:

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

Dated at Hartford, Connecticut January 4 , 2023.

Christian Andresen

Christian D. Andresen, MPH, 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: Proctor Norman Hayes, RN

Petition Number: 2022-409

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 Proctor Norman Hayes'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 Proctor Norman Hayes's ability to practice nursing represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut January 4, 2023.

Christian Andresen

Christian D. Andresen, MPH, 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: Proctor Norman Hayes, RN

Petition Number: 2022-409

SUMMARY SUSPENSION ORDER

WHEREAS, the Department of Public Health moved for an order of summary suspension in this matter and having submitted documents and reports in support of its motion.

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

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

1. Proctor Norman Hayes's registered nurse license number 190406 is summarily suspended pending a final determination by the Board regarding the allegations contained in the Statement of Charges.
2. A hearing in this matter is scheduled for the _____ of _____, 2023, at ____ a.m. via Microsoft Teams.

Dated January , 2023.

Connecticut Board of Examiners for Nursing

SUMMARY SUSPENSION COVER SHEET

In re: Sarah R. Zoni, R.N.

Petition No. 2022-1282

1. Sarah R. Zoni (“respondent”) graduated from St. Joseph College in 2014 and was licensed to practice nursing on June 18, 2014.
2. On or about October 19, 2022, the Board of Examiners for Nursing (“the Board”) ordered a Consent Order in Petition No. 2021-1077 (“Order”) that placed respondent’s license on probation for four (4) years and required her, in part, to: engage in therapy and counseling with a therapist approved by the Department of Public Health (“the Department”); cause the submission of therapy reports to the Department; submit to observed random urine screens for drugs and alcohol at a testing facility approved by the Department; and cause the submission of laboratory reports to the Department of the required urine drug screens.
3. Respondent violated the terms of the Order in one or more of the following ways:
 - a. From approximately November 1, 2022 through the present, respondent failed to submit to weekly random urine screens at a testing facility approved by the Department and/or cause the submission of laboratory reports of the required urine drug screens to the Department; and/or
 - b. From approximately November 1, 2022 through the present, respondent failed to engage in therapy with a therapist approved by the Department and/or cause the submission of therapy reports to the Department.
4. 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.
5. The Department respectfully requests the Board to summarily suspend respondent’s nursing license until a full hearing on the merits can be held.

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

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

In re: Sarah R. Zoni, R.N.

Petition No. 2022-1282

MOTION FOR SUMMARY SUSPENSION

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

Dated at Hartford, Connecticut this 6th day of January, 2023.



Christian D. Andresen, MPH, 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: Sarah R. Zoni, R.N.

Petition No. 2022-1282

STATEMENT OF CHARGES

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

1. Sarah R. Zoni of Canton, Connecticut ("respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut registered nurse license number 119824.
2. On or about October 19, 2022, the Board of Examiners for Nursing ("the Board") ordered a Consent Order in Petition No. 2021-1077 ("Order") that placed respondent's license on probation for four (4) years and required her, in part, to: engage in therapy and counseling with a therapist approved by the Department; cause the submission of therapy reports to the Department; submit to observed random urine screens for drugs and alcohol at a testing facility approved by the Department; and cause the submission of laboratory reports to the Department of the required urine drug screens.
3. Respondent violated the terms of the Order in one or more of the following ways:
 - a. From approximately November 1, 2022 through the present, respondent failed to submit to weekly random urine screens at a testing facility approved by the Department and/or cause the submission of laboratory reports of the required urine drug screens to the Department; and/or
 - b. From approximately November 1, 2022 through the present, respondent failed to engage in therapy with a therapist approved by the Department and/or cause the submission of therapy reports to the Department.
4. Respondent's conduct as described above constitutes violations of the terms of probation as set forth in the Order and subjects respondent's license to revocation or other disciplinary action authorized by Connecticut General Statutes §§19a-17 and 20-99(b).

THEREFORE, the Department prays that:

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

Dated at Hartford, Connecticut this 6th day of January, 2023.



Christian D. Andresen, MPH, 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: Sarah R. Zoni, R.N.

Petition No. 2022-1282

SUMMARY SUSPENSION ORDER

WHEREAS, the Department of Public Health having moved for an order of summary suspension in this matter and having submitted an affidavit and documents in support of its motion; and

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

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

1. That license number 119824 of Sarah R. Zoni to practice as a registered nurse in the State of Connecticut is hereby summarily suspended pending a final determination by the Board regarding the allegations contained in the Statement of Charges, and
2. That said license shall be immediately surrendered to the Department of Public Health Hearing Office, 410 Capitol Avenue, MS#13PHO, P.O. Box 340308, Hartford, CT 06134-0308 upon notification of this Order, and
3. That a hearing in this matter is scheduled for the _____ of _____, 2023, at _____ (AM/PM) via Microsoft Teams.

Dated at Hartford, Connecticut this _____ day of _____, 2023.

Connecticut Board of Examiners for Nursing

CONSENT ORDER COVER SHEET

In re: Sue-Elynn Heller, R.N.

Petition No. 2022-539

1. Sue-Elynn Heller, R.N. of Torrington, Connecticut (hereinafter "respondent") has been issued license number 073470 to practice as a registered nurse by the Department of Public Health (hereinafter "the Department") on June 24, 2004. She graduated from Bridgeport Hospital School of Nursing in 2004
2. Respondent disciplinary history: NA
3. In or about September 2017, respondent abused and/or utilized to excess hydromorphone that did, does, and/or may, affect her practice as a nurse.
4. In or about September 2017, while working as a nurse at Charlotte Hungerford Hospital in Torrington, Connecticut, respondent:
 - a. diverted six (6) vials of hydromorphone and three (3) intravenous bags of hydromorphone;
 - b. failed to completely, properly and/or accurately document medical or hospital records; and/or,
 - c. falsified one or more Controlled Substance Receipt Records.
5. While working at Litchfield Woods Healthcare Center in Torrington, Connecticut, respondent falsified practice liaison reports on or about one or more of the following dates:
 - a. April 10, 2022;
 - b. January 10, 2022;
 - c. October 12, 2021; and/or
 - d. July 8, 2021.
6. On or about February 21, 2022, respondent falsified a letter excusing her from completing a random urine screen.
7. The above facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(2), §20-99(b)(5), and §20-99(b)(6)
8. This Consent Order provides for a reprimand, \$5,000 civil penalty, and four years probation with:
 - a. Therapy reports monthly for the 1st and 4th year, quarterly for the 2nd and 3rd
 - b. Urine screens weekly for the 1st and 4th year, twice monthly for the 2nd and 3rd
 - c. Support group attendance 8 to 10 times per month
 - d. Employer reports quarterly
9. The Department and respondent respectfully request that the Board accept the proposed Consent Order.

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

In re: Sue-Elynn Heller, R.N.

Petition No. 2022-539

CONSENT ORDER

WHEREAS, Sue-Elynn Heller of Torrington (hereinafter "respondent") has been issued license number 073470 to practice as a registered nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the respondent admits that:

1. In or about September 2017, respondent abused and/or utilized to excess hydromorphone.
2. Respondent's abuse and/or excess use of hydromorphone did, does, and/or may, affect her practice as a nurse.
3. In or about September 2017, while working as a nurse at Charlotte Hungerford Hospital in Torrington, Connecticut, respondent:
 - a. diverted six (6) vials of hydromorphone and three (3) intravenous bags of hydromorphone
 - b. failed to completely, properly and/or accurately document medical or hospital records; and/or
 - c. falsified one or more Controlled Substance Receipt Records
4. While working at Litchfield Woods Healthcare Center in Torrington, Connecticut, respondent falsified practice liaison reports on or about one or more of the following dates:

- a. April 10, 2022;
 - b. January 10, 2022;
 - c. October 12, 2021; and/or
 - d. July 8, 2021.
5. On or about February 21, 2022, respondent falsified a letter excusing her from completing a random urine screen.
6. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including, but not limited to:
- a. §20-99(b)(2);
 - b. §20-99(b)(5) and/or,
 - c. §20-99(b)(6).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the Board of Examiners for Nursing (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-99(b) 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 respondent's right to a hearing on the merits of this matter.
2. Respondent's license number 073470 to practice as a registered nurse in the State of Connecticut is hereby reprimand.

3. Respondent shall pay a civil penalty of five thousand dollars (\$5,000) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent's license shall be placed on probation for a period of four years under the following terms and conditions:
 - a. Respondent shall participate in regularly scheduled therapy at respondent's own expense with a licensed therapist.
 - (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 the therapist's 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 the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.
 - (4) The therapist shall submit reports monthly for the first and fourth years of probation; and quarterly for the second and third years of probation, which shall address, but not necessarily be limited to, respondent's ability to practice nursing safely and competently, and in an alcohol and substance free state. A

report indicating that respondent is not able to practice safely and competently shall be deemed to be a violation of this Consent Order.

Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.

- (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates the therapist's services.
- b. During the entire four-year probation, respondent shall refrain from the ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drug unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. Respondent shall inform said licensed health care professional of respondent's substance abuse history. In the event a medical condition arises requiring treatment utilizing controlled substances, legend drugs, or alcohol in any form, respondent shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.
 - (1) During the first and fourth year of the probationary period, respondent at respondent's own expense, shall submit to weekly random observed urine screens for alcohol, controlled substances, Ethylglucuronide (EtG) and legend drugs; in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as ('Attachment A: Department Requirements for Drug and Alcohol Screens'); during the third and fourth years, she shall

submit to such screens on a twice monthly basis. Respondent shall submit to such screens on a more frequent basis if requested to do so by the therapist or the Department. Said screens shall be administered by a facility approved by the Department. All such random screens shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All laboratory reports shall state that the chain of custody procedure has been followed.

- (2) Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by the testing laboratory. All screens shall be negative for the presence of drugs 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. All positive screen results shall be confirmed by gas chromatograph / mass spectrometer (GC/MS) testing.
- (3) 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.
- (4) Respondent shall notify each of his health care professionals of all medications prescribed for respondent by any and all other health care professionals.
- (5) 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. During the entire probation, 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.
- d. Respondent shall provide respondent's employer, contractor, partner and/or associate at any hospital, clinic, partnership and/or association at which respondent is employed, contracted or with which respondent is affiliated or has privileges at each place where respondent practices as a nurse throughout the probationary period (hereinafter, collectively "employer") with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of practice with a new employer. Respondent agrees to provide reports from such employer quarterly for the entire period of probation, stating whether respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state. A report indicating that respondent is not practicing with reasonable skill and safety shall be deemed to be a violation of this Consent Order.

5. All correspondence and reports are to 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. 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.
7. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
8. Respondent shall pay all costs necessary to comply with this Consent Order.
9. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
 - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 4a above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.
 - d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.

10. 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.
11. Legal notice shall be 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.
12. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
13. Respondent understands and agrees that this Consent Order shall be deemed a public document and the above admitted violations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or 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.
14. 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, with notice to the Board, 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, as a matter of law, constitute 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.

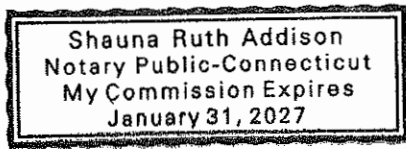
15. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
16. This Consent Order and terms set forth herein 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 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 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.
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 permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this 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 by the Board and/or a panel of the Board and a final decision by the Board.
19. Respondent understands and agrees that respondent is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which respondent is away from respondent's residence.
20. Respondent has the right to consult with an attorney prior to signing this document.
21. 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.
22. 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, Sue-Elynn Heller, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Sue-Elynn Heller
Sue-Elynn Heller

Subscribed and sworn to before me this 29 day of December ²⁰²² ~~2023~~.



[Signature]
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 3rd day of January 2023, it is hereby accepted.

Christian D. Andresen

Christian D. Andresen, MPH, 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 _____, 2023, it is hereby ordered and accepted.

BY: _____
Connecticut Board of Examiners for Nursing

CONSENT ORDER COVER SHEET

In re: Jacquelyn O'Connor, L.P.N

Petition No. 2020-845

1. Jacquelyn O'Connor, L.P.N of Milford, Connecticut (hereinafter "respondent") has been issued license number 040670 to practice as a registered nurse by the Department of Public Health (hereinafter "the Department") on March 23, 2017. She graduated from Eli Whitney Technical High School LPN Program in 2017
2. Respondent disciplinary history: NA
3. From on or about May 16, 2018 to on or about November 25, 2019 respondent practiced nursing at the Center for Discovery (hereinafter "the Center"), a facility specializing in the treatment of eating disorders, located in Fairfield, Connecticut. During the course of her employment, respondent provided care and treatment to Patient #1, a then 19-year old female patient with multiple behavioral, emotional, and/or physical impairments.
4. Throughout 2020, respondent provided care for Patient #1 from respondent's home in Milford, Connecticut. Respondent's care for Patient #1 failed to conform to the accepted standards of the nursing profession when she:
 - a. maintained an improper personal relationship with Patient #1;
 - b. provided nursing care to Patient #1 while also acting as her healthcare representative;
 - c. allowed Patient #1 to reside with her and her family;
 - d. slept in the same bed as Patient #1;
 - e. spoke to Patient #1 in a loud, hostile, and/or threatening nature;
 - f. forcefully and/or violently removed Patient #1 from their shared residence; and/or
 - g. used threatening language to coerce Patient #1 into taking unprescribed medication.
5. On various occasions in 2020, respondent's care for Patient #1 exceeded the scope of her practical nurse license when she:
 - a. provided care without the direction of a registered nurse;
 - b. administered medication over the prescribed dose;
 - c. improperly withheld prescribed medication; and/or
 - d. administered prescription medication without authorization from a physician.
6. On or about July 31, 2020, respondent falsified one or more medical records.
7. In consideration of paragraphs 3-6 above, respondent has completed coursework in scope of practice, professional ethics and boundaries
8. The above facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(2) and/or §20-99(b)(6).

9. This Consent Order provides for a reprimand, \$2,000 civil penalty, and one year probation with:
 - a. Supervisor reports monthly
 - b. No solo practice or work for a personnel provider service / assisted living / homemaker – home health aide agency

4. The Department and respondent respectfully request that the Board accept the proposed Consent Order.

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

In re: Jacquelyn O'Connor, L.P.N.

Petition No. 2020-845

CONSENT ORDER

WHEREAS, Jacquelyn O'Connor of Milford, Connecticut (hereinafter "respondent") has been issued license number 040670 to practice as a licensed practical nurse 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. From on or about May 16, 2018 to on or about November 25, 2019 respondent practiced nursing at the Center for Discovery (hereinafter "the Center"), a facility specializing in the treatment of eating disorders, located in Fairfield, Connecticut. During the course of her employment, respondent provided care and treatment to Patient #1, a then 19-year old female patient with multiple behavioral, emotional, and/or physical impairments.
2. Throughout 2020, respondent provided care for Patient #1 from respondent's home in Milford, Connecticut. Respondent's care for Patient #1 failed to conform to the accepted standards of the nursing profession when she:
 - a. maintained an improper personal relationship with Patient #1;
 - b. provided nursing care to Patient #1 while also acting as her healthcare representative;
 - c. allowed Patient #1 to reside with her and her family;
 - d. slept in the same bed as Patient #1;

- e. spoke to Patient #1 in a loud, hostile, and/or threatening nature;
 - f. forcefully and/or violently removed Patient #1 from their shared residence; and/or
 - g. used threatening language to coerce Patient #1 into taking unprescribed medication.
3. On various occasions in 2020, respondent's care for Patient #1 exceeded the scope of her practical nurse license when she:
- a. provided care without the direction of a registered nurse;
 - b. administered medication over the prescribed dose;
 - c. improperly withheld prescribed medication; and/or
 - d. administered prescription medication without authorization from a physician.
4. On or about July 31, 2020, respondent falsified one or more medical records.
5. The above facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(2) and/or §20-99(b)(6).

WHEREAS, in consideration of paragraphs 1-5 above, respondent has completed coursework in scope of practice, professional ethics and boundaries.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Board of Examiners for Nursing (hereinafter "the Board"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-99(b) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17, 20-99(b) of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent's license number 040670 to practice as a licensed practical nurse in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of two thousand dollars (\$2,000) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent's license number 040670 shall be placed on probation for a period of one year under the following terms and conditions:

- a. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of probation
- b. Respondent shall not be employed as a nurse for a personnel provider service, assisted living services agency, homemaker - home health aide agency, or home health care agency, and shall not be self-employed as a nurse for the period of probation.
- c. Respondent shall be responsible for the provision of monthly written reports directly to the Department from respondent's nursing supervisor (i.e., Director of Nursing). Respondent shall provide a copy of this Consent Order to any and all employers if employed as a nurse during the probationary period. The Department shall be notified in writing by any employer(s) within fifteen (15) days of the commencement of employment as to the receipt of a copy of this Consent Order Employer reports shall include documentation of respondent's ability to safely and competently

practice nursing, and shall be issued to the Department at the address cited in paragraph 5 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

- e. During the period of probation, respondent shall only practice in an office and practice setting that physically includes other licensed nurses on-site while respondent is practicing at said office and practice setting.

- 5. All correspondence and reports are to 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. 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.
- 7. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
- 8. Respondent shall pay all costs necessary to comply with this Consent Order.
- 9. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
 - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 9a above to demonstrate to the satisfaction of the

Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.

- d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Board which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Board by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
10. In the event respondent does not practice as a nurse for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes the practice of nursing, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice of nursing without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. Respondent agrees that any return to the practice of nursing without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.
11. 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 __ above.

12. 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.
13. Legal notice shall be 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.
14. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Board.
15. Respondent understands and agrees that this Consent Order shall be deemed a public document and the above alleged violations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or 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.
16. 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, with notice to the Board, 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, as a matter of law, constitute 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.

17. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
18. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification 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 or 368a of the General Statutes of Connecticut,

provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.

19. 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.
20. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this 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 by the Board and/or a panel of the Board and a final decision by the Board.
21. Respondent understands and agrees that respondent is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which respondent is away from respondent's residence.
22. Respondent has the right to consult with an attorney prior to signing this document.
23. 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.

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

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I, Jacquelyn O'Connor, L.P.N., have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Jacquelyn O'Connor LPN
Jacquelyn O'Connor, L.P.N.

Subscribed and sworn to before me this 21st day of December 2022

Ellean M. Costello
Notary Public or person authorized
by law to administer an oath or affirmation
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 4th day of
January 2023, it is hereby accepted.

Christian Andresen
Christian D. Andresen, MPH, 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 _____, 20__, it
is hereby ordered and accepted.

BY: _____
Connecticut Board of Examiners for Nursing

CONSENT ORDER COVER SHEET

In re: Jared Spears R.N.

Petition No. 2021-559

1. Jared Spears of Schaumburg, Illinois (hereinafter "respondent") applied for a license to practice as a Registered Nurse in Connecticut on April 28, 2021 and was on the same date issued registered nurse temporary permit number 180088-TEMP to practice as a Registered Nurse in Connecticut.
2. Respondent graduated from St Francis Medical Center in Peoria, Illinois, in 2018
3. Respondent is licensed to practice as a nurse in Illinois, California, and Oregon.
4. Respondent disciplinary history: NA
5. Between on or about April 24, 2021 through on or about May 12, 2021, while working as a Registered Nurse in Connecticut, respondent inappropriately accessed the protected health information of two or more female patients in order to make unwanted advances on them.
6. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99, including, but not limited to §20-99(2)
7. Respondent's registered nurse temporary permit number 180088-TEMP expired as of August 26, 2021.
8. This Consent Order provides for a reprimand on the registered nurse temporary permit number 180088-TEMP.
9. This Consent Order withdraws his pending application to practice as a Registered Nurse in Connecticut upon acceptance of this Consent Order by the Board of Examiners for Nursing.
10. The Department and respondent respectfully request that the Board accept the proposed Consent Order.

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

In re: Jared Spears

Petition No. 2021-559

CONSENT ORDER

WHEREAS, Jared Spears of Schaumburg, Illinois (hereinafter "respondent") has been issued registered nurse temporary permit number 180088-TEMP to practice nursing by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, On or about April 9, 2021, respondent has applied for licensure to practice as a registered nurse by the Department pursuant to Chapter 378 of the General Statutes of Connecticut, as amended (hereinafter, "Application");

WHEREAS, Department alleges that:

1. Between on or about April 24, 2021 through on or about May 12, 2021, while working as a registered nurse in Connecticut, respondent inappropriately accessed the protected health information of two or more female patients in order to make unwanted advances on them.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99, including, but not limited to §20-99(2)

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegation(s) but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Board of Examiners for Nursing (hereinafter "the Board"),

this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-99 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-99 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent's registered nurse temporary permit number 180088-TEMP to practice as a registered nurse in the State of Connecticut is hereby reprimanded.
3. Respondent's pending Application to practice as a registered nurse in Connecticut is withdrawn as of the effective date of this Consent Order.
4. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
5. Respondent shall pay all costs necessary to comply with this Consent Order.
6. Legal notice shall be 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 date this Consent Order is accepted and ordered by the Board.
8. Respondent understands and agrees that this Consent Order shall be deemed a public document and the above admitted violations shall be deemed true in any proceeding before the Board in which respondent's compliance with this Consent Order or with §20-99 of the General Statutes of Connecticut, as amended, is at issue. Further, the above admitted violations shall be deemed true in the event respondent applies for licensure by the Department. Additionally, 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.

9. 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 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.
10. 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.
11. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether this 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 by the Board and/or a panel of the Board and a final decision by the Board.

12. Respondent has the right to consult with an attorney prior to signing this document.
13. 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.
14. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

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



Jared Spears
Jared Spears

Subscribed and sworn to before me this 24 day of December 2022



[Signature]
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 3rd ~~XX~~ day of January 2023
~~December~~ ~~2022~~ it is hereby accepted.

Christian D. Andresen

Christian D. Andresen, MPH, 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 Board of Examiners for Nursing on the _____ day of _____ 202, it is hereby ordered and accepted.

Board of Examiners for Nursing

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

In re: Deborah J. Cochran, RN

Petition No. 2019-809

STATEMENT OF CHARGES

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

1. Deborah J. Cochran of North Stonington, Connecticut ("respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut registered nurse license number E60003.
2. On multiple occasions, between approximately January 1, 2017 and December 31 2019, respondent abused or used alcohol to excess, including, but not limited to, in or about January 2017, September 2019 and/or December 2019.
3. From approximately 2017 to the present, respondent has and/or had one or more emotional disorders or mental illnesses (collectively "illnesses").
4. Respondent's illnesses and/or abuse or excess use of alcohol does, and/or may, affect her nursing practice.
5. The above facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-99(b) including but not limited to:
 - a. §20-99(b)(4); and/or,
 - b. §20-99(b)(5).

THEREFORE, the Department prays that:

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

Dated at Hartford, Connecticut this 19th day of July 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: John E. Rodriguez, R.N.

Petition No. 2022-851

STATEMENT OF CHARGES

Pursuant to the Connecticut General Statutes, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against John E. Rodriguez, R.N.:

COUNT ONE

1. John E. Rodriguez, R.N., of Stamford, Connecticut (hereinafter "respondent") is, and has been since August 13, 2012, the holder of Connecticut registered nursing license number 107550.
2. At all times relevant to the charges set forth herein, respondent practiced as a registered nurse at Stamford Hospital, Stamford, Connecticut.
3. On or about May 31, 2022, the respondent reported to work impaired.
4. On or about May 31, 2022 and/or June 1, 2022, the respondent reported to coworkers that he had been experiencing sleep deprivation.
5. On or about May 31, 2022 and/or June 1, 2022, the respondent reported to coworkers that he was experiencing hallucinations while at work.
6. On or about May 31, 2022 and/or June 1, 2022, while at work, the respondent left his patient assignment and his unit without informing anyone of his absence, he remained absent from his unit for approximately three hours and fifty minutes, and he was found to be asleep in his car in his employer's parking lot.
7. On or about June 1, 2022, the respondent submitted a urine sample which, upon screening, tested positive for cocaine.
8. On or about June 16, 2022, the respondent admitted to having used cocaine on or about June 6, 2022.
9. From on or about May 31, 2022, and/or dates prior thereto, to on or about June 6, 2022, and/or dates subsequent thereto, the respondent abused and/or used drugs to excess.
10. The above cited facts evidence conduct of the respondent failing to conform to the accepted standards of the nursing profession, and they represent a clear and immediate danger to the public health and safety if respondent is allowed to continue to practice, and they constitute

grounds for disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-99, including, but not necessarily limited to:

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

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

THEREFORE, the Department prays that:

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

Dated at Hartford, Connecticut this 14th day of December 2022.

Christian Andresen

Christian D. Andresen, MPH, 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: Mary Elizabeth Taylor, R.N.

Petition No. 2022-1275

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 Mary Elizabeth Taylor:

FIRST COUNT

1. Mary Elizabeth Taylor of Niantic, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut registered nurse license number 097800.
2. On or about September 21, 2022, the Connecticut Board of Examiners for Nursing adopted the Consent Order, Petition 2018-1355 (hereinafter "the Consent Order") based in part on the allegations that respondent's alcohol use and/or abuse does, and/or may, affect her practice as a nurse.
3. The Consent Order placed respondent's nursing license on probation for one (1) year effective October 1, 2022, and provided, in part:
 - a. 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 healthcare professional authorized to proscribe medications;
 - b. respondent shall submit to observed random urine screens for drugs and alcohol; and/or
 - c. all screens shall be negative for the presence of drugs and alcohol.
4. On or about November 14, 2022, respondent's urine screen tested positive for ethanol in violation of paragraph 3B and 3B(5) of the Consent Order.
5. Respondent's conduct as described above constitutes a violation of the terms of probation as set forth in the Consent Order, and subjects respondent's license to revocation or other disciplinary action authorized by Connecticut General Statutes, §§19a-17 and 20-99(b).

SECOND COUNT

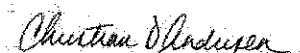
6. Paragraphs 1 through 5 are incorporated herein by reference as if set forth in full.
7. On or about November 14, 2022, respondent abused and/or utilized to excess alcohol which does, and/or may, affect her practice as a nurse.

8. The above facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-99(b), including, but not limited to §20-99(b)(5).

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 Mary Elizabeth Taylor as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 20th day of December 2022.



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

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

In re: Christine Trombino, L.P.N.

Petition No. 2020-895

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 Christine Trombino:

1. Christine Trombino of Willimantic (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut licensed practical nurse license number 029161.
2. From approximately March 2020, respondent has or had one or more emotional disorders and/or mental illnesses that does, and/or may, affect her practice as a licensed practical nurse
3. Respondent abused and/or used to excess alcohol on or about one or more of the following dates:
 - a. March 2020;
 - b. November 2020;
 - c. December 2020;
 - d. February 2021; and/or
 - e. March 2021.
4. Respondent's abuse and/or utilization to excess of alcohol does and/or may affect her practice as a licensed practical nurse.
5. The above facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(4); and/or §20-99(b)(5)

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 Christine Trombino as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 8th day of September 2021.



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