

**AGENDA**  
**BOARD OF EXAMINERS FOR NURSING**  
**Department of Public Health**  
**410 Capitol Avenue, Hartford, CT**  
**January 20, 2021 - 8:30 AM**

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

**MINUTES**

*November 18, 2020 and December 16, 2020*

**SCHOOL ISSUES**

- *Fairfield University, Egan School of Nursing & Health Studies – Request for Temporary Waiver*
- *Southern Connecticut State University – Approval of Nursing Department Chairperson*
- *Board Order re: Stone Academy suspension of virtual clinical experiences*

**CONNECTICUT LEAGUE FOR NURSING – Monthly Update**

**SCOPE OF PRACTICE**

*December 2020 Summary*

**HAIR TESTING AND PETH TESTING**

*Lyle Liechty, United States Drug Testing Laboratories*

**MEMORANDUM OF DECISION**

- *Jasmine Quinones, LPN*                      *Petition No. 2018-1406*
- *Sara Smith, RN*                              *Petition No. 2020-373*
- *Cynthia Riley, L.P.N.*                      *Petition No. 2019-1131*

**FACT-FINDING**

- *Jennifer B. Martin, L.P.N*                      *Petition No. 2018-142*

**MOTION TO WITHDRAW STATEMENT OF CHARGES**

- *Dawn M. Jaros, L.P.N.*                      *Petition No. 2020-459*                      *Staff Attorney Brittany Petano*

**CONSENT ORDERS**

- *Brenda Berg, R.N.*                              *Petition No. 2020-816*                      *Staff Attorney Joelle Newton*
- *Patricia L. James, R.N.*                      *Petition No. 2020-484*                      *Staff Attorney Joelle Newton*
- *Brian Kozaczka, R.N*                              *Petition No. 2019-1272*                      *Staff Attorney David Tilles*
- *Paulette Simon, R.N*                              *Petition No. 2019-801*                      *Staff Attorney David Tilles*

**HEARINGS**

- *Lourdes Mercado,LPN*                      *Petition Nos. 2019-1074; 2020-1131*                      *Staff Attorney Brittany Petano*
- *Natalie Primini*                              *Reinstatement Hearing*                      *Staff Attorney Diane Wilan*
- *Dana Gibson, RN*                              *Reinstatement Hearing*                      *Staff Attorney Joelle Newton*

**This meeting will be held by video conference. via Microsoft Teams**

**Join on your computer or mobile app**

**[Click here to join the meeting](#)**

**Or call in (audio only)**

**[+1 860-840-2075](#) - Phone Conference ID: 241 828 797#**

*The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.*

The **Board of Examiners for Nursing** held a meeting on November 18, 2020 via Microsoft TEAMS.

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**BOARD MEMBERS PRESENT:** Patricia C. Bouffard, RN, Chair  
Jason Blando, Public Member  
Mary Dietmann, RN  
Lisa S. Freeman, Public Member  
Jennifer Long, APRN  
Geraldine Marrocco, RN  
Rebecca Martinez, LPN  
Gina M. Reiners, RN

**BOARD MEMBERS ABSENT:** None

**ALSO PRESENT:** Stacy Schulman, Legal Counsel to the Board, DPH  
Christian Andresen, Section Chief, DPH  
Dana Dalton, RN, Supervising Nurse Consultant, DPH  
Helen Smith, RN, Nurse Consultant, DPH  
Brittany Allen, Staff Attorney, DPH  
Joelle Newton, Staff Attorney, DPH  
Diane Wilan, Staff Attorney, DPH  
Jeffrey Kardys, Board Liaison, DPH  
Agnieszka Salek, Hearings Liaison, DPH

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The meeting commenced at 8:33 a.m. All participants were present by video or telephone conference.

Rebecca Martinez was welcomed to her first meeting as a Board member.

**CHAIR UPDATES**

Nothing to report.

**OPEN FORUM**

Nothing to report.

**ADDITIONAL AGENDA ITEMS**

Gina Reiners made a motion, seconded by Lisa Freeman, to add a Consent Order in the matter of Louisa Young, RN to the agenda. The motion passed unanimously.

Gina Reiners made a motion, seconded by Lisa Freeman, to approve the agenda as revised. The motion passed unanimously.

**NATIONAL COUNCIL STATE BOARDS OF NURSING**

Chari Bouffard and Mary Dietmann provided updates on meetings in which they participated.

**MINUTES**

Geraldine Marrocco made a motion, seconded by Gina Reiners to approve the minutes from October 21, 2020. The motion passed with all in favor except Rebecca Martinez who abstained.

**SCHOOL ISSUES**

University of Connecticut – Approval of minimum clinical hours

Deborah Chyan was present from the University of Connecticut which requested the Board allow for the CEIN BS class of 2020 to deviate from the approved 900 required clinical hours at its Groton, Stamford, Storrs and Waterbury campuses, if we are removed from the clinical sites.

Geraldine Marrocco made a motion, seconded by Gina Reiners, to grant the request and to allow between 850 and 900 hours. The motion passed unanimously.

**CONNECTICUT LEAGUR FOR NURSING – Monthly Update**

Marcia Proto and Audrey Beauvais provided an update from the Connecticut League for Nursing

**SCOPE OF PRACTICE**

Helen Smith, Nurse Consultant, DPH provided a summary of 46 nursing scope of practice inquiries received by the Department of Public Health during October, 2020.

**LICENSE REINSTATEMNT APPLICATION REVIEW**

Luis Maldonado, License and Applications Analyst, DPH presented a license reinstatement application for Angela V. DiLillo, RN.

Ms. DeLillo was present for this discussion. Ms. DiLillo's license lapse in October 2019 but her last clinical practice was in 2002. Ms. DiLillo has been employed at the Connecticut Nurses Association since 2001.

Geraldine Marrocco made a motion, seconded by Mary Dietmann recommending to DPH that Ms. DiLillo's be reinstated without conditions in that her professional experience at the Connecticut Nurses Association qualifies as nursing practice. The motion passed unanimously.

**LICENSE PROBATION TEMINATION REQUEST**

Skye Muli, RN - Petition No: 2017-992

The Board reviewed a written request from Skye Muli, RN asking for a termination of her probation which is scheduled to conclude on June 6, 2021. Ms. Muli was not present or represented.

Staff Attorney, Linda Fazzina, Department of Public Health was present to object to Ms. Muli's request.

Gina Reiners made a motion, seconded by Mary Dietmann, to deny the request. The motion passed unanimously.

**MEMORANDA OF DECISION**

Christopher Kay, RN - Petition No: 2019-97

Gina Reiners made a motion, seconded by Jennifer Long to reaffirm the Board's decision imposing probation for a period of four years. The motion passed unanimously.

Attorney Richard Brown who was preset for respondent inquired if the Board would reduce the period of probation considering Mr. Kay's hearing was in February 2020 and that he has been summarily suspended since May 2019. Attorney Brown was informed he would need to file a request for modification pursuant to the Connecticut General Statutes.

Amanda Hart, RN - Petition No: 2019-1360

Gina Reiners made a motion, seconded by Mary Dietmann to reaffirm the Board's decision imposing probation for a period of four years. The motion passed unanimously.

Daisy Acosta, LPN - Petition No. 2019-1379

Gina Reiners made a motion, seconded by Jennifer Long to reaffirm the Board's decision revoking Ms. Acosta's license. The motion passed unanimously.

**MOTION FOR SUMMARY SUSPENSION**

Jessica D. Vitale, RN - Petition No: 2020-669

Staff Attorney Joelle Newton presented the Board with a Motion for Summary Suspension for Jessica Vitale. Ms. Vitale was not present or represented.

Jennifer Long moved to grant the Department's Motion for Summary Suspension in that respondent's continued practice as a nurse is a clear and immediate danger to public health, safety and welfare.

The motion was seconded by Geraldine Marrocco and passed unanimously. A hearing will be scheduled for December 16, 2020.

**CONSENT ORDERS**

David Martin, RN - Petition No. 2019-31

Staff Attorney, Linda Fazzina, Department of Public Health presented a Consent Order in the matter of David Martin, RN. Respondent was not present and was not represented.

Jennifer Long moved, and Gina Reiners seconded, to approve the Consent Order which imposes probation for a period of four years. The motion passed unanimously.

Anastacia Marco, LPN - Petition No. 2019-781

Staff Attorney, Joelle Newton, Department of Public Health presented a Consent Order in the matter of Anastacia Marco. Respondent was not present and was not represented.

Jennifer Long moved, and Gina Reiners seconded, to approve the Consent Order which imposes a reprimand. The motion passed unanimously.

Patricia Williams, RN - Petition No. 2020-787

Staff Attorney, Linda Fazzina, Department of Public Health presented a Consent Order in the matter of Patricia Williams. Respondent was not present and was not represented.

Gina Reiners moved, and Jennifer Long seconded, to approve the Consent Order which imposes probation for a period of four years. The motion passed unanimously.

Luisa Young, RN - Petition No: 2020-730

Staff Attorney, Brittany Petano Department of Public Health presented a Consent Order in the matter of Luisa Young. Attorney Daniel Csuka was present with respondent.

Gina Reiners moved, and Jennifer Long seconded, to approve the Consent Order which imposes probation for a period of one year. The motion passed unanimously.

**HEARINGS**

Allyson Allen, LPN - Petition No: 2020-787

Staff Attorney, Joelle Newton was present for the Department of Public Health. Respondent was present but was not represented.

Jennifer Long made a motion, seconded by Geraldine Marrocco, to enter executive session to obtain evidence relating to confidential treatment records. The motion passed unanimously. No motions were made, and no votes were taken during executive session.

Following executive session and the close of the hearing the Board conducted fact-finding. Gina Reiners moved, and Jennifer Long seconded, that Ms. Allen be found as charged.

The motion passed unanimously.

Gina Reiners moved, and Jennifer Long seconded that Ms. Allen's license be placed on probation with conditions for a period of four years. The conditions include drug/alcohol screening, therapy and employer reports, reports of support group attendance; no home care; and no narcotic keys for one year. The motion passed with all in favor except Mary Dietmann and Geraldine Marrocco who were opposed.

**ADJOURNMENT**

It was the unanimous decision of the Board Members present to adjourn this meeting at 12:33 p.m.

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

*The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.*

The **Board of Examiners for Nursing** held a meeting on December 16, 2020 via Microsoft TEAMS.

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**BOARD MEMBERS PRESENT:** Patricia C. Bouffard, RN, Chair  
Jason Blando, Public Member  
Mary Dietmann, RN  
Lisa S. Freeman, Public Member  
Geraldine Marrocco, RN  
Rebecca Martinez, LPN  
Gina M. Reiners, RN

**BOARD MEMBERS ABSENT:** Jennifer Long, APRN

**ALSO PRESENT:** Stacy Schulman, Legal Counsel to the Board, DPH  
Christian Andresen, Section Chief, DPH  
Dana Dalton, RN, Supervising Nurse Consultant, DPH  
Helen Smith, RN, Nurse Consultant, DPH  
Brittany Allen, Staff Attorney, DPH  
Joelle Newton, Staff Attorney, DPH  
Diane Wilan, Staff Attorney, DPH  
Jeffrey Kardys, Board Liaison, DPH  
Agnieszka Salek, Hearings Liaison, DPH

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The meeting commenced at 8:32 a.m. All participants were present by video or telephone conference.

**CHAIR UPDATES**

Chair Bouffard shared information from an Executive Order regarding the administration of COVID-19 vaccines.

**OPEN FORUM**

Mary Paradise, a student at Porter & Chester Institute Enfield campus addressed the Board regarding a delay in students to complete the clinical portion of their training due to the COVID pandemic.

**ADDITIONAL AGENDA ITEMS**

Gina Reiners made a motion, seconded by Lisa Freeman, to approve the agenda as revised. The motion passed unanimously.

**NATIONAL COUNCIL STATE BOARDS OF NURSING**

Mary Dietmann provided a report regarding an education committee call in which she participated on December 8, 2020.

**SCHOOL ISSUES**

- University of Hartford  
Helen Smith, RN, Nurse Consultant, DPH reported that the Commission on Collegiate Nursing Education has granted continued accreditation to the baccalaureate degree program in nursing at the University of Hartford for 10 years, extending to December 31, 2030.
  
- Porter & Chester Institute
  - 1) Clinical Observations  
Nancy Brunette, Philip Krebes, Sherry Greifzu, Deborah Hessell, and Joan Feldman, Esq. were present on behalf of Porter & Chester.  
Helen Smith, RN, Nurse Consultant, DPH provided a report regarding clinical observations for the Enfield campus day program on November 16, 2020 and the Rocky Hill campus evening program on December 2, 2020.  
Following the Board's review Gina Reiners made a motion, seconded by Rebecca Martinez, to remove conditional status, ordered on September 19, 2018, for the clinical deficiencies identified in their five-year study. The motion passed with all in favor except Rebecca Martinez who abstained.

2) Request for continuance of online didactic content delivery

The Board reviewed Porter & Chester's request to continue the offering of didactic content of its Practical Nursing Program in an online/blended format.

Gina Reiners made a motion, seconded by Rebecca Martinez, to approve on-line didactic content delivery until the COVID-19 pandemic emergency is lifted by Connecticut State Government.

The motion passed unanimously.

• Stone Academy

1) Request for permanent blended education

The Board reviewed Stone Academy's-Proposal for permanent addition of blended distance education as a method of delivery.

Lisa Freeman made a motion, seconded by Gina Reiners, to approve the permanent addition of blended distance education as a method of delivery. Following discussion the motion failed unanimously.

2) Request for a temporary reduction of clinical hours for select cohorts

The Board reviewed Stone Academy's request for a temporary reduction of 15% of required clinical hours for select cohorts to allow the students to successfully graduate the Practical Nursing Program and subsequently sit for the NCLEX-PN.

Lisa Freeman made a motion, seconded by Geraldine Marrocco, to deny this request. The motion to deny the request passed unanimously.

3) Request for temporary increase of clinical hours achieved via virtual/simulated environment

The Board reviewed Stone Academy's request for a temporary increase to 50% of the required clinical hours can be achieved through virtual clinical scenarios as well through the use of a simulated clinical environment.

Mary Dietmann made a motion, seconded by Geraldine Marrocco, to deny the request for a temporary increase to 50% of the required clinical hours. The motion passed unanimously.

Mary Dietmann made a motion, seconded by Geraldine Marrocco, that Stone Academy suspend its offering of virtual clinical experiences effective immediately. The motion passed with all in favor except Jason Blando and Gina Reiners who abstained.

During this review there was considerable discussion concerning an August 14, 2020 Order by the Commissioner of the Department of Public Health which stated that Section 20-90-55(c) of the Regulations of Connecticut State Agencies is hereby amended to allow Practical Nursing Programs in Connecticut to use virtual clinical resources in compliance with the Simulation Guidelines for Prelicensure Nursing Programs established by the National Council of State Boards of Nursing as a substitute for up to 25% (twenty five percent) of in-person clinical experiences.

The Board expressed its displeasure that the Board's input was not requested before this Order was issued and that the Board was not notified of this Order until this week.

• University of Bridgeport

The Board reviewed a request to approve Dr. Linda Wagner as Director School of Nursing in the College of Health Sciences.

Mary Dietmann made a motion, seconded by Gina Reiners, to approve the request. The motion passed unanimously.

**CONNECTICUT LEAGUR FOR NURSING – Monthly Update**

Marcia Proto and Audrey Beauvais provided an update from the Connecticut League for Nursing.

**SCOPE OF PRACTICE**

Helen Smith, Nurse Consultant, DPH provided a summary of 52 nursing scope of practice inquiries received by the Department of Public Health during November, 2020.

### **CONSENT ORDERS**

Heather Lucas, RN - Petition No. 2020-44

Staff Attorney, Diane Wilan, Department of Public Health presented a Consent Order in the matter of Heather Lucas, RN. Attorney Cody Guarnieri was present with Ms. Lucas.

Gina Reiners moved, and Mary Dietmann seconded, to approve the Consent Order which imposes a reprimand and probation for a period of six months. The motion passed unanimously.

### **FACT-FINDING**

Elaine Reynolds, RN - Petition No: 2018-1301

Stacy Schulman, Legal Counsel to the Board, explained that fact-finding in the matter needs to be revisited.

Gina Reiners made a motion, seconded by , that respondent be found on paragraph 1 but that she not be found on paragraph 2 because respondent did not practice beyond the scope of her practice, therefore the charges are to be dismissed in that the Board does not have jurisdiction regarding her practice of acupuncture. The motion passed with all in favor except Geraldine Marrocco who abstained.

Karina Francis, RN - Petition No: 2020-157

Lisa Freeman made a motion, seconded by Gian Reiners, that respondent be found on all charges. The motion passed unanimously.

Lisa Freeman made a motion, seconded by Gian Reiners, that respondent's license be revoked. The motion passed unanimously

### **MOTION FOR SUMMARY SUSPENSION**

Lourdes Mercado, LPN -Petition Nos. 2019-1074; 2020-1131

Staff Attorney Brittany Allen presented the Board with a Motion for Summary Suspension for Lourdes Mercado. Ms. Mercado was present but not represented.

Geraldine Marrocco moved to grant the Department's Motion for Summary Suspension in that respondent's continued practice as a nurse is a clear and immediate danger to public health, safety and welfare. The motion was seconded by Gina Reiners and passed unanimously. A hearing will be scheduled for January 20, 2021.

### **PRE-HEARING REVIEW**

Mary Ann Connelly, RN - Petition No. 2019-1277

Staff Attorney Joelle Newton present a pre-hearing review in the matter of Mary Ann Connelly, RN. Ms. Connelly was not present and was not represented.

The Board indicated there was insufficient information to make an informed recommendation.

Attorney Newton will obtain additional information for the Board's review

### **HEARINGS**

Jessica D. Vitale, RN - Petition No. 2020-669

Staff Attorney, Joelle Newton was present for the Department of Public Health. Respondent was not present and was not represented.

Gina Reiners made a motion seconded by Mary Dietmann to grant the Department's oral motion to deem allegations admitted. The motion passed unanimously

Following close of the hearing the Board conducted fact-finding.

Gina Reiners moved, and Lisa Freeman seconded, that Ms. Vitale be found as charged. The motion passed unanimously.

Gina Reiners moved, and Lisa Freeman seconded, that Ms. Vitale's license be revoked. The motion passed unanimously.

*Geraldine Marrocco left the meeting at this time.*

Jennifer B. Martin, L.P.N - Petition No. 2018-142

Board Liaison Jeff Kardys reported that respondent had emailed the Board office requesting a postponement of today's scheduled hearing but did not offer a reason. Staff Attorney Leslie Scoville objected to the request on behalf of the Department. Chair Bouffard denied the request. The hearing will proceed as scheduled.

Sandra Blanchette, R.N. - Petition No. 2020-431

Staff Attorney, Brittany Allen was present for the Department of Public Health. Respondent was present but was not represented.

Following close of the hearing the Board conducted fact-finding.

Gina Reiners moved, and Lisa Freeman seconded, that Ms. Blanchette be found as charged. The motion passed unanimously.

Gina Reiners moved, and Mary Dietmann seconded, that Ms. Blanchette's license be placed on probation for four years with conditions. Following discussion the motion failed unanimously.

Geraldine Marrocco moved, and Mary Dietmann seconded, that Ms. Blanchette's license be revoked. The motion passed with all in favor except Jason Blando who abstained.

Teri A. Howell, L.P.N. - Petition No. 2019-623

Staff Attorney, Joelle Newton was present for the Department of Public Health. Respondent was not present and was not represented.

Mary Dietmann made a motion seconded by Gina Reiners to grant the Department's oral motion to deem allegations admitted. The motion passed unanimously.

Following close of the hearing the Board conducted fact-finding.

Mary Dietmann made a motion seconded by Gina Reiners, that Ms. Howell be found as charged. The motion passed unanimously.

Gina Reiners moved, and Lisa Freeman seconded, that Ms. Howell's license be revoked. The motion passed unanimously.

Linda Lee, L.P.N - Petition No. 2019-362

Staff Attorney, Joelle Newton was present for the Department of Public Health. Respondent was not present and was not represented.

Mary Dietmann made a motion seconded by Gina Reiners to grant the Department's oral motion to deem allegations admitted. The motion passed unanimously.

Following close of the hearing the Board conducted fact-finding.

Mary Dietmann made a motion seconded by Gina Reiners, that Ms. Lee be found as charged. The motion passed unanimously.

Gina Reiners moved, and Lisa Freeman seconded, that Ms. Lee's license be revoked. The motion passed unanimously.

*Gian Reiners, and Lisa Freeman left the meeting at this time*

Jennifer B. Martin, L.P.N - Petition No. 2018-142

Staff Attorney, Leslie Scoville was present for the Department of Public Health. Respondent was not present and was not represented.

Due to lack of quorum, fact-finding will be held during the January 20, 2021 meeting.

**ADJOURNMENT**

It was the unanimous decision of the Board Members present to adjourn this meeting at 3:15 p.m.

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



## **BOEN meeting 01/20/2021**

### **Fairfield University:**

Fairfield University, Egan School of Nursing & Health Studies is requesting a temporary six-month waiver for **Kaitlyn Deforest, BSN, RN** to teach pediatric nursing clinical in the Spring 2021 semester. This request will not exceed the 10% outlined in the Regulations. Ms. Deforest will teach a clinical group of six accelerated/second degree nursing students in Nursing 4323, Pediatric Nursing at Stamford Hospital. Ms. Deforest earned a Bachelor of Science in Nursing degree from Old Dominion University in 08/2013 and is matriculated in the Master of Science in Nursing program, Clinical Nurse Leader track at Sacred Heart University with an expected graduation date of May of 2021. Prior to the start of the semester Kaitlyn received a new faculty orientation manual, will watch a virtual orientation at Fairfield University and her Fairfield University Egan School mentor will be Dr. Christine Denhup. Ms. Deforest will also receive an orientation to the clinical faculty role at Stamford Hospital by Mary McKiernan the Director of Professional Development at Stamford Health. Her clinical experiences include staff nurse at an acute hospital in the emergency department, resource person for student health issues or needs at St. Paul's Day School, and staff nurse administering intravenous fluids and medications at Hydrate MD.

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

SCSU is providing notification that **Antoinette Towle, EdD, MSN, APRN, PNP-BC, SN-BC, RN** was appointed as the Nursing Department Chairperson at SCSU as of 01/01/2021 and is requesting approval of this appointment. Dr. Towle earned a Diploma as a Registered Nurse from St. Mary's Hospital School of Nursing in May of 1981, a Bachelor of Science, General Studies from Post University in May of 1995, a Master of Science in Nursing from the University of Hartford in May of 1999, a Post Masters Certification, Pediatric Nurse Practitioner from the University of Massachusetts in August 1999 and a Doctorate of Education in January from NOVA, Southeastern University in January 2008. Her clinical experiences include staff nurse at acute care hospitals in medical and critical care units, instructor in a Certified Nursing Assistant program, administrator & owner of Pleasant View Manor and Pine Manor Home for the Aged, Director Residential/Day School Capitol Regional Education Council (CREC), Director of Health Services at CREC, MRSA Prevention Coordinator for the VA Connecticut Health Care System and Nurse Practitioner- weight loss centers, community health and house calls. Dr. Towle's educational experiences include visiting professor at the University of Hartford, adjunct professor at Sacred Heart University, American International College and Goodwin University and assistant then tenured professor at SCSU.



Fairfield University  
**EGAN**

School of Nursing & Health Studies

December 22, 2020

Helen M. Smith, R.N., M.S.N.

Nurse Consultant

Practitioner Licensing & Investigations Section Healthcare Quality & Safety Branch  
Department of Public Health State of Connecticut

Dear Helen,

I am writing to request a six month temporary waiver to teach Pediatric nursing clinical in the spring 2021 semester for Kaitlyn Deforest, BSN, RN. Kaitlyn, has over six years of clinical nursing experience at Stamford Hospital, Adult and Pediatric Emergency Department. If granted this temporary waiver, Kaitlyn will teach a group of six accelerated/second degree BSN nursing students for NS 4323, Pediatric Nursing clinical at Stamford Hospital this Spring. Kaitlyn is enrolled in Sacred Heart University Masters of Science in Clinical Nurse Leadership. She has a 4.0 GPA and an expected graduation date of May 2021. Kaitlyn is an employee of Stamford Hospital where she will be leading a clinical experience. Prior to the start of the semester, Kaitlyn will receive an orientation to the clinical faculty role at Stamford Hospital by Mary McKiernan who is the Director of Professional Development at Stamford Health. Her Fairfield University Egan School mentor will be Dr. Christine Denhup. Kaitlyn received a Fairfield University new faculty orientation manual. In addition, she will watch a virtual orientation for clinical faculty at Fairfield University prior to the start of the semester on 1/25/2021.

As you are aware, finding master's prepared Pediatric clinical faculty members has been challenging in our state and we appreciate the board's consideration of this request. Currently, Fairfield has one permanent waiver for Professor Susan Reynolds, and a one year waiver for Lindsay Collins, BSN, RN who graduates with her Doctoral degree in spring 2021. Approval of this waiver still leaves us far below 10% of the overall number of nursing faculty.

Attached, please find Kaitlyn's:

- 1) Resume
- 2) BSN Transcript
- 3) MSN Transcript
- 4) Letter from Sacred Heart University confirming matriculation/expected graduation date
- 5) NS 4323 Pediatric Nursing Course Spring 2020 Syllabus for accelerated/second degree BSN students: Please note: The NURS 4323 Pediatric Nursing Course Syllabus is being updated for the spring 2021 semester that begins on 1/25/2021. The course description and course objectives will remain the same for the spring 2021 semester.

I would appreciate it if this request could be added to the board's agenda for January 2021.  
Thank you very much for your time and consideration.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'A. Beauvais', with a stylized flourish at the end.

Audrey Beauvais DNP, MSN, MBA, RN  
Associate Dean and Associate Professor

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# Kaitlyn M. DeForest BSN, RN

2 Wyndover Lane ☞ Cos Cob, CT 06807 ☞ (203)536-9261 ☞ kmc92585@yahoo.com

## Education

SACRED HEART UNIVERSITY- Fairfield, CT January 2019 – present

Master's Degree in Nursing (expected graduation May 2021)

Clinical Nurse Leader

OLD DOMINION UNIVERSITY – Norfolk, VA August 2010- August 2013

Bachelor of Science in Nursing, August, 2013 GPA: 3.45/4.00 Cum Laude

IONA COLLEGE – New Rochelle, NY August 2003- May 2007

Bachelor of Business Administration in Finance GPA: 3.59/4.00 Summa Cum Laude

## Employment History

STAMFORD HOSPITAL – Stamford, CT March 2014 – Present

Emergency Room Registered Nurse

Responsible for an assignment of 4-9 patients including pediatrics, adults, geriatrics, behavioral and psychiatric. Responsible for all patient care and safety. Collaborated with all staff members to ensure patient centered care. Performed bedside and documentation roles during traumas, cardiac arrests, stroke alerts, PAMI and TPA administration. ESI triage trained.

Preceptor for new staff RN's. Responsible for Charge Nurse role for the past 5 years.

Member of hospital Nursing Unit Board (NUB). Educated staff on JCAHO requirements.

Organized and participated in mock adult and pediatric codes in conjunction with Yale New Haven Hospital. Audited charts for compliance of vital signs, height and weight. Member of the Sepsis committee and unit champion. Responsible for implementing a new sepsis protocol to improve compliance numbers.

HYDRATE MD – Greenwich, CT December 2018- present

Concierge service, administer IV fluids and medications under a practicing physician to clients at home and in the office.

ST. PAULS DAY SCHOOL – Greenwich, CT September 2017- present

Serve as a resource person on health issues for parents and staff. Records immunizations, health findings and other relevant health data. Corresponds with parents on health needs of children. Maintain health records of children and staff.

MONTEFIORE - Brooklyn, NY January 2014 – September 2014

# ~~Kaitlyn M. DeForest~~

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2 Wyndover Lane ↗ Cos Cob, CT 06807 ↗ (203) 536-9261 ↗ kmc92585@yahoo.com

Registered Nurse

VALUEOPTIONS, INC.— Norfolk, VA  
Tax Accountant I

October 2007- February 2013

TARZAN TREE SERVICE, LLC- Virginia Beach, VA  
Book Keeper

April 2010 - February 2013

XL GLOBAL SERVICES, INC.- Stamford, CT  
Tax Intern

November 2004 – August 2007

## **Certifications**

LICENSED CONNECTICUT REGISTERED NURSE

License 114146

LICENSED NEW YORK REGISTERED NURSE

BLS FOR THE HEALTH CARE PROVIDER  
AED & CPR (Adult, Child, Infant)

ACLS FOR HEALTH CARE PROVIDER

PALS FOR HEALTH CARE PROVIDER

TNCC

CERTIFIED TRIAGE NURSE

NYS Infection Control

Contact Hours 4

## **Leadership & Activities**

OLD DOMINION UNIVERSITY STUDENT NURSES ASSOCIATION

Participated in numerous volunteer activities around the Hampton Roads area  
Member since August 2010

EMERGENCY NURSE ASSOCIATION

Member since July 2013

## **Awards & Honors**

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Stamford Hospital Emergency Department Employee of the Month April 2015

Perfect Stroke Alert Times for the month of August 2015

Deans List: Fall 2004, Spring and Fall 2005, Fall 2006, Spring 2007, Fall 2010, Spring 2012, Fall 2013  
and Summer 2013

# ~~Kaitlyn M. DeForest~~

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2 Wyndover Lane ↗ Cos Cob, CT 06807 ↗ (203) 536-9261 ↗ kmc92585@yahoo.com

**References available upon request**

Office of the University Registrar  
Norfolk, VA 23529

Date Issued: 06-DEC-2020

Record of: KAITLYN MARIE HIGBIE  
\*\*\* WARNING \*\*\*  
--No Address--

Page: 1

Issued To: Michelle Saglimbene  
Parchment: 31611698

Course Level: Undergraduate

Current Program

Major : Nursing

Maj/Concentration : Nursing Pre-licensure

Awarded: BS in Nursing 23-AUG-2013

Primary

Major : Nursing

Maj/Concentration : Nursing Pre-licensure

Inst. Honors: Cum Laude

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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Transfer Information continued:

MGMT 485W	BUSINESS STRATEGY AND POLICY	3.00	TP
MKTG 311	MARKETING PRINCIPLES & PROBLEMS	3.00	TP
OCF 1REQ	ORAL COMM (LOWER-DIV REQ)	3.00	TP
OPMT 303T	OPERATIONS MGMT/TECHNOLOGY	3.00	TP
PHIL 2ELE	ELECTIVE	3.00	TP
PHIP 1REQ	PHILOSOPHY (LOWER-DIV REQ)	3.00	TP
REL 2ELE	ELECTIVE	3.00	TP
REL 3ELE	ELECTIVE	3.00	TP
SCI 1ELE	ELECTIVE	3.00	TP
STAT 130M	ELEMENTARY STATISTICS	3.00	TP

Ehrs: 124.00 GPA-Hrs: 0.00 Qpts: 0.00 GPA: 0.00

TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

FA03-SP07	IONA COLLEGE	CRED GRD	PTS R
ACCT 201	PRINCIPLES OF ACCOUNTING	3.00	TP
ACCT 202	PRINCIPLES OF ACCOUNTING	3.00	TP
ACCT 3ELE	ELECTIVE	3.00	TP
ARTS 211	INTRO TO DIGITAL PHOTOGRAPHY	3.00	TP
BUSN 1ELE	ELECTIVE	3.00	TP
BUSN 3ELE	ELECTIVE	3.00	TP
BUSN 3ELE	ELECTIVE	3.00	TP
BUSN 4ELE	ELECTIVE	3.00	TP
BUSN 4ELE	ELECTIVE	3.00	TP
CS 101D	COMPUTERS: AN INTRODUCTION	3.00	TP
CSP 1REQ	COMPUTER (LOWER-DIV REQ)	3.00	TP
DANC 211	MODERN DANCE TECHNIQUE 1	3.00	TP
ECON 201S	PRINCIPLES OF MACROECONOMICS	3.00	TP
ECON 202S	PRINCIPLES OF MICROECONOMICS	3.00	TP
ENGL 110C	ENGLISH COMPOSITION	3.00	TP
ENGL 1ELE	ELECTIVE	1.00	TP
FIN 331	LEGAL ENVIRONMENT OF BUSINESS	3.00	TP
FIN 3ELE	ELECTIVE	3.00	TP
FIN 3ELE	ELECTIVE	3.00	TP
FIN 3ELE	ELECTIVE	3.00	TP
FIN 3ELE	ELECTIVE	3.00	TP
FIN 431	INVESTMENTS	3.00	TP
FIN 435	INTERNATIONAL FINANCIAL MGMT	3.00	TP
FIN 4ELE	ELECTIVE	3.00	TP
GNRL 1ELE	ELECTIVE	3.00	TP
HISP 1REQ	HISTORY (LOWER-DIV REQ)	3.00	TP
HIST 1ELE	ELECTIVE	3.00	TP
LITP 1REQ	LITERATURE (LOWER-DIV REQ)	3.00	TP
LITP 2REQ	LITERATURE (LOWER-DIV REQ)	3.00	TP
MATH 1ELE	ELECTIVE	3.00	TP
MATH 205	INTRODUCTORY CALCULUS I	3.00	TP
MGMT 325	CONTEMP ORGANIZATIONS AND MGMT	3.00	TP

T SP09-SP10 ALL VIRGINIA CMTY COL SYSTEM

BIOL 103	BASIC BACTERIOLOGY	4.00	TP
BIOL 115N	GENERAL BIOLOGY	4.00	TP
BIOL 250	HUMAN ANATOMY & PHYSIOLOGY I	4.00	TP
BIOL 251	HUMAN ANATOMY & PHYSIOLOGY II	4.00	TP
CHEM 101N	COLLEGE CHEMISTRY	4.00	TP
CHEM 102N	COLLEGE CHEMISTRY	4.00	TP
PSYC 203S	LIFESPAN DEVELOPMENT	3.00	TP
SOC 201S	AN INTRODUCTION TO SOCIOLOGY	3.00	TP

Ehrs: 30.00 GPA-Hrs: 0.00 Qpts: 0.00 GPA: 0.00

INSTITUTION CREDIT:

Fall 2010

NURS 300	INTRO-NURS THEORIES & CONC I	3.00	A	12.00
NURS 302	HEALTH ASSESSMENT CLINICAL LEC	2.00	A	8.00
NURS 310	THERAPEUTIC DIETS I	1.00	A	4.00

Ehrs: 6.00 GPA-Hrs: 6.00 Qpts: 24.00 GPA: 4.00

Good Academic Standing

Spring 2011

NURS 301	INTRO-NURS THEORIES & CONC II	3.00	B	9.00
NURS 303	FUND-NURSING PRACTICE LECTURE	2.00	A	8.00
NURS 374	NURSING PROCESS/DRUG THERAPY I	2.00	A	8.00
NURS 430	NURSING-GERONTOLOGICAL CLIENT	2.00	B	6.00

Ehrs: 9.00 GPA-Hrs: 9.00 Qpts: 31.00 GPA: 3.44

Good Academic Standing

Summer 2011

NURS 358	GENETICS	2.00	A	8.00
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University Registrar

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**The Blue Ribbon Symbol:** The blue ribbon is your assurance that the digital certificate is valid, the document is authentic, and the contents of the transcript have not been altered.



**Invalid:** If the transcript does not display a valid certification and signature message, reject this transcript immediately. An invalid digital certificate display means either the digital signature is not authentic, or the document has been altered. The digital signature can also be revoked by the transcript office if there is cause, and digital signatures can expire. A document with an invalid digital signature display should be rejected.



**Author Unknown:** Lastly, one other possible message, Author Unknown, can have two possible meanings: The certificate is a self-signed certificate or has been issued by an unknown or untrusted certificate authority and therefore has not been trusted, or the revocation check could not complete. If you receive this message make sure you are properly connected to the internet. If you have a connection and you still cannot validate the digital certificate on-line, reject this document.

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Office of the University Registrar  
Norfolk, VA 23529

Date Issued: 06-DEC-2020

Record of: KAITLYN MARIE HIGBIE  
Level: Undergraduate

Page: 2

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R	SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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Institution Information continued:

Ehrs: 2.00 GPA-Hrs: 2.00 QPts: 8.00 GPA: 4.00  
Good Academic Standing

Fall 2011

NURS 320	ADULT HEALTH NURSING I	3.00 B	9.00
NURS 321	CLIN MGMT-ADULT HLTH NURSING I	2.00 A	8.00
NURS 350	PSYCHIATRIC/MENTAL HLTH NURS	3.00 B	9.00
NURS 351	CLIN MGMT-PSYCH/MENT HLTH PROB	1.00 A	4.00
NURS 363	NURSING SCIENCE	3.00 B	9.00

Ehrs: 12.00 GPA-Hrs: 12.00 QPts: 39.00 GPA: 3.25

Good Academic Standing

Spring 2012

NURS 311	THERAPEUTIC DIETS II	1.00 A	4.00
NURS 330	NURS CARE-CHILDBEARING FAMILY	3.00 B	9.00
NURS 331	CLIN MGMT-CHILDBEARING FAMILY	1.00 A	4.00
NURS 340	ADULT HEALTH NURSING II	3.00 B	9.00
NURS 341	CLIN MGMT-ADULT HEALTH NURS II	2.00 A	8.00
NURS 375	NURS PROCESS/DRUG THERAPY II	2.00 A	8.00

Ehrs: 12.00 GPA-Hrs: 12.00 QPts: 42.00 GPA: 3.50

Dean's List

Good Academic Standing

Fall 2012

NURS 312	THERAPEUTIC DIETS III	1.00 B	3.00
NURS 420	NURS CARE-INFANTS & CHILDREN	3.00 B	9.00
NURS 421	CLIN MGMT-INFANTS & CHILDREN	2.00 A	8.00
NURS 450	ADULT HEALTH NURSING III	3.00 B	9.00
NURS 451	CLIN MGMT-ADULT HLTH NURS III	2.00 B	6.00
NURS 470	COMMUNITY HEALTH NURSING I	2.00 A	8.00

Ehrs: 13.00 GPA-Hrs: 13.00 QPts: 43.00 GPA: 3.30

Good Academic Standing

Spring 2013

NURS 471	COMMUNITY HEALTH NURSING II	2.00 A	8.00
NURS 480W	LEADERSHIP AND MANAGEMENT	3.00 B	9.00

Ehrs: 5.00 GPA-Hrs: 5.00 QPts: 17.00 GPA: 3.40

Good Academic Standing

Summer 2013

NURS 431	TRANS TO PROF NURSING PRAC	3.00 A	12.00
NURS 440	NURSING PROCESS-REHABILITATION	2.00 B	6.00
NURS 441	CLIN MGMT-REHAB CLIENTS	2.00 B	6.00

\*\*\*\*\* CONTINUED ON NEXT COLUMN \*\*\*\*\*

Institution Information continued:

Ehrs: 7.00 GPA-Hrs: 7.00 QPts: 24.00 GPA: 3.42  
Good Academic Standing

\*\*\*\*\* TRANSCRIPT TOTALS \*\*\*\*\*

	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	66.00	66.00	228.00	3.45
OVERALL	220.00	66.00	228.00	3.45

\*\*\*\*\* END OF TRANSCRIPT \*\*\*\*\*

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# OLD DOMINION UNIVERSITY

## COURSE NUMBERING SYSTEM

Courses numbered 100-199 are primarily for Freshmen, 200-299 for Sophomores, 300-399 for Juniors, 400-499 for Seniors. Courses numbered 500 and higher are intended for Graduate students.

## GRADES AFFECTING GPA

(Effective August 30, 1982)

A	=	4 grade points (Superior)
B	=	3 grade points (Good)
C	=	2 grade points (Satisfactory)
D	=	1 grade points (Passing)
F	=	0 grade points (Failing)
WF	=	0 grade points (Unofficial Withdrawal)

(Effective August 26, 1985)

A	=	4.00 grade points
A-	=	3.70 grade points
B+	=	3.30 grade points
B	=	3.00 grade points
B-	=	2.70 grade points
C+	=	2.30 grade points
C	=	2.00 grade points
C-	=	1.70 grade points*
D+	=	1.30 grade points*
D	=	1.00 grade points*
D-	=	0.70 grade points*
F	=	0.00 grade points
WF	=	0.00 grade points (Unofficial Withdrawal)

\*Not assigned to graduate students

## GRADES NOT AFFECTING GPA

IB	=	International Baccalaureate Credit
AP	=	Advanced Placement Credit
CP	=	College-Level Examination Program (CLEP)
DP	=	University Departmental Examination
DN	=	Defense Activity for Non-Traditional Education Support (DANTES)
MP	=	Credit for Military Training and Education
TP	=	Transfer Credit
XP	=	Credit for Experiential Learning
F*	=	Failure (course taken on pass/fail basis)
I	=	Incomplete
II	=	Incomplete (not subject to time limit)
IP	=	Course In Progress
O	=	Audit (successful)
P	=	Pass (course taken on pass/fail basis)
Q	=	Progress but not proficiency
U	=	Unofficial Withdrawal (until August 1982)
W	=	Official Withdrawal
W&	=	Unsuccessful Audit
Z	=	Grade Not Reported by Instructor

## LETTERS PRECEDING GRADES

T	=	Transfer Equivalent Credit for Graduate Students (excluded from GPA computations)
R	=	Adjusted Resident Credit (see next column)

## SPECIAL NOTES

Symbols following grades and excluded from GPA computations:

/	=	Course taken under Grade Forgiveness Policy
*	=	Degree credit course taken under Pass/Fail Option
&	=	Course taken under Audit Option
#	=	Quality points and credit hours excluded from GPA calculations
>	=	Non-degree course taken under Pass/Fail Option
I	=	Following quality points - repeat course included in GPA
A	=	Following quality points - excluded from earned hours, averaged into GPA

## ADJUSTED RESIDENT CREDIT

The following policy was adopted on October 29, 1971: Credit from a previous period of study with the grade of "C" or better will be applied to the student's program after a year's absence and a qualifying semester. The previous record is not calculated into the grade point average. Record of all courses taken is included in this transcript.

## HONORS

(Based on a minimum of 60 hours with 54 GPA hours at ODU)

(Prior to August 30, 1982)

CUM LAUDE	3.25-3.49 cumulative GPA
MAGNA CUM LAUDE	3.50-3.74 cumulative GPA
SUMMA CUM LAUDE	3.75-4.00 cumulative GPA

(Effective August 30, 1982)

CUM LAUDE	3.40-3.65 cumulative GPA
MAGNA CUM LAUDE	3.66-3.85 cumulative GPA
SUMMA CUM LAUDE	3.86-4.00 cumulative GPA

(Added, effective December 14, 2003)

GRADUATE WITH DISTINCTION 3.66-4.00 GPA and 45-59 graded hours at ODU

## LeADERS

Please visit [www.odu.edu/leaders](http://www.odu.edu/leaders) for detailed program information.

## MISCELLANEOUS

Summer 1964

During the 1964 summer session courses were offered in both the quarter and the semester system. The type of credit earned is indicated by a "Q" (quarter) or "S" (semester) following the course description.

September 1964

Changed from quarter to semester system. Changed from 3.00 to 4.00 grading system for undergraduates.

September 1, 1969

The institution was renamed Old Dominion University.

September 1972

Changed from 3.00 to 4.00 grading system for graduates.

Inquiries concerning student records should be addressed to the University Registrar, 1009 Alfred B. Rollins, Jr. Hall, Old Dominion University, Norfolk, VA 23529-0053.

Old Dominion University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award baccalaureate, master's, education specialist, and doctoral degrees.



DR. SUSAN L. DAVIS, R.N.,  
& RICHARD J. HENLEY  
COLLEGE OF NURSING  
Sacred Heart University

December 8, 2020

To Whom It May Concern:

Kaitlyn Deforest (ID #0836044) is currently enrolled in the Davis and Henley College of Nursing's Masters of Nursing Program in the Clinical Nurse Leader track with an expected graduation date of May 2021. Please let me know if you need any other information.

Best regards,

A handwritten signature in cursive script that reads "Dr. Linda L. Cook".

Dr. Linda L. Cook, DNP, APRN, NNP-BC, CNL  
Program Director, Clinical Nurse Leader Track  
Clinical Associate Professor of Nursing  
Dr. Susan L. Davis, RN & Richard J. Henley  
College of Nursing  
Sacred Heart University  
5151 Park Avenue  
Fairfield, CT 06825

(203) 690-2182  
(203) 578-0408

[cookl@sacredheart.edu](mailto:cookl@sacredheart.edu)



# Sacred Heart University

5151 Park Avenue, Fairfield, CT 06825

SACRED HEART UNIVERSITY

Mrs. Kaitlyn Deforest  
2 Wyndover Lane  
Cos Cob CT 06807

30 Nov 2020

Program: Degree Major(s):  
MS NL  
UG ND

Academic Level: Graduate

COURSE	Course Title	CRD	GRD	GRDPT	COURSE	Course Title	CRD	GRD	GRDPT
NU501	MODULE TERM 4 SPRING 2019 HEALTH CARE POLICY & ETHICS FO	3.00	A	12.00	End of official record.				
	Term GPA 4.000 Credit 3.00		Grd Pts	12.00					
	Cum GPA 4.000 Credit 3.00		Grd Pts	12.00					
NU530	MODULE TERM 1 FALL 2019 THEORY & PROFESSIONAL ROLES	3.00	A	12.00					
	Term GPA 4.000 Credit 3.00		Grd Pts	12.00					
	Cum GPA 4.000 Credit 6.00		Grd Pts	24.00					
NU601	MODULE TERM 2 FALL 2019 PRINCIPLES OF HC RESEARCH	3.00	A	12.00					
	Term GPA 4.000 Credit 3.00		Grd Pts	12.00					
	Cum GPA 4.000 Credit 9.00		Grd Pts	36.00					
NU602	MODULE TERM 3 SPRING 2020 EVIDENCE BASED PRACTICE	3.00	A	12.00					
	Term GPA 4.000 Credit 3.00		Grd Pts	12.00					
	Cum GPA 4.000 Credit 12.00		Grd Pts	48.00					
NU553	MODULE TERM 4 SPRING 2020 ADVANCED PATHOPHYSIOLOGY	3.00	A	12.00					
	Term GPA 4.000 Credit 3.00		Grd Pts	12.00					
	Cum GPA 4.000 Credit 15.00		Grd Pts	60.00					
NU605	MODULE TERM 1 FALL 2020 PHARMACOLOGY FOR THE NURSE LEA	3.00	A	12.00					
	Term GPA 4.000 Credit 3.00		Grd Pts	12.00					
	Cum GPA 4.000 Credit 18.00		Grd Pts	72.00					

*Hana Perrone*

Registrar

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FAIRFIELD UNIVERSITY  
EGAN SCHOOL OF NURSING & HEALTH STUDIES  
NS 323 Pediatric Nursing  
COURSE SYLLABUS Spring 20202

**COURSE:** NS 323 Pediatric Nursing (Second Degree)  
Tuesday 9:30am-12:15pm  
NHS 203

**CREDITS:** 4 (3 theory, 1 clinical)

**PRE OR CO-REQUISITES:** NS 301, 303, 305, 307, NS 312\* (\*indicates concurrency allowed)

**FACULTY:** Tina Budd, MSN, RN, CPN  
Email: tbudd@fairfield.edu

**CLINICAL FACULTY:** *Posted in Blackboard*

**CLINICAL LOCATIONS:** *Connecticut Children's Medical Center, On-campus Clinical,  
and Yale New Haven Children's Hospital*

**OFFICE HOURS:** NHS 401, Tuesdays 12:15 pm to 2:15 pm (appointments preferred)  
Thursdays 12:30 pm to 2:30 pm via Zoom

**COURSE DESCRIPTION:**

This course utilizes a family centered care approach to provide an understanding of the unique anatomical, physiologic, and developmental differences among neonates, infants, children, adolescents, and young adults. Social and cultural influences on children and their families are discussed in addition to assessment, genetics, health promotion, injury prevention, acute and chronic illness, and palliative and end-of-life care. Students are challenged to implement effective communication techniques, clinical reasoning skills, and evidenced based practices when planning holistic and safe care for children and their families in a wide variety of clinical settings.

***Note: This syllabus is subject to revisions at the discretion of the course faculty members.***

**COURSE OBJECTIVES**

1. Develop holistic patient centered care that reflects an understanding of communication strategies and of human growth and development across the health illness continuum in pediatric settings.
2. Employ clinical reasoning skills in analyzing and responding to complex clinical situations.
3. Demonstrate compassionate, family centered, evidence-based care that respects child and family culture, values, and beliefs.
4. Identify pediatric safety and quality initiatives involve individuals, families, and other members of the health care team.
5. Apply safeguards and decision-making support tools embedded in-patient care technologies and patient information systems to support a safe practice environment for patients and healthcare workers.
6. Reflect on the unique nursing perspective to inter-professional teams to optimize pediatric patient outcomes.
7. Demonstrate professionalism, social justice and attention to boundaries with children and families, and among caregivers.

FAIRFIELD UNIVERSITY  
EGAN SCHOOL OF NURSING & HEALTH STUDIES  
NS 323 Pediatric Nursing  
COURSE SYLLABUS Spring 20202

**EVALUATION METHODS:**

Test #1- 4	15%
Cumulative Final Exam	20%
ATI Pediatric Nursing Exams ~2 practice and 1 proctored	10%
ATI Homework Assignments (5)	5%

**Clinical Assessment**

Care Plans	P/F
Reflections x2	5%

**REQUIRED TEXTBOOKS:**

ATI Nursing Education (2019). ATI Content Mastery Review Series RN Nursing Care of Children (11<sup>th</sup> Ed.). \*\*Available to you online at no additional charge for this course in your ATI account (resources).

Ball, Bindler, & Cowen, J.W., Bindler, R.C., Cowen, K.J., & Shaw, Michele. (2017). *Principles of Pediatric nursing: Caring for children*. (7<sup>th</sup> ed.). Hoboken, NJ: Pearson.

Nix, S. (2017). *Williams' Basic Nutrition and Diet Therapy* (15<sup>th</sup> ed.). St. Louis, Missouri: Elsevier.

**RECOMMENDED TEXTBOOK:**

Silvestri, L.A. (2017) *Saunders Comprehensive Review for the NCLEX-RN Examination* (7<sup>th</sup> Ed.) Philadelphia, PA: Saunders. ISBN: 9781455727551

FAIRFIELD UNIVERSITY  
EGAN SCHOOL OF NURSING & HEALTH STUDIES  
NS 323 Pediatric Nursing  
COURSE SYLLABUS Spring 20202

**UNIVERSITY AND COURSE POLICIES:**

**Academic Integrity:** All students must strive to maintain academic honesty, a subject addressed in the Fairfield University Undergraduate Catalog. The student is expected to recognize that we are living in a community of learning, that we are accountable for our actions, and that we have a responsibility to live as ethically sensitive and responsible persons. As the weakest link has the power to break the whole chain, we need to remain ever conscious of upholding our own standards of conduct. Sometimes students genuinely have difficulty identifying acts of dishonesty; examples are presented in the undergraduate catalogue and “include but are not limited to: giving, receiving, offering, or soliciting information in examinations, utilization of previously prepared materials in examinations, test, or quizzes, and unauthorized recording, sale, or use of lectures or other instructional materials (including exams and quizzes). In the event of such dishonesty, professors are to award a grade of zero for the project/paper/exam in question and may record an “F” for the course itself. In addition, a notation of the event is made in the student’s file in the academic dean’s office.” In some unfortunate circumstances, students may need to act when others violate academic standards of integrity. In the event that you have witnessed incidents that have made you uncomfortable, feel free to discuss these observations with a faculty member. All forms of dishonest conduct will be subject to University disciplinary action.

**Sexual Misconduct Policy:** Fairfield University ("University") is committed to providing a learning environment free of gender-based discrimination, including sexual harassment. Sexual misconduct is a form of sexual harassment prohibited by this policy. This policy is intended to guide students on the University's general response policy to incidents of sexual misconduct, the resources available to victims of sexual misconduct, and the sexual misconduct prevention initiatives of the University. If you have been the victim of sexual harassment, misconduct or assault, we encourage you to report it, knowing that if you report this to a faculty member, she or he must notify Fairfield University's Title IX coordinator about the basic facts of the incident (you may choose whether you or anyone involved is identified by name). The policy is located at <https://www.fairfield.edu/handbook/policiesprocedures/#SexualMisconduct>

**Students with Disabilities:** Fairfield University is committed to achieving equal educational opportunities and providing students who have documented disabilities equal access to all University programs, services and activities. In order for this course to be accessible to all students, different accommodations or adjustments may need to be implemented. If you require accommodations for this course because of a disability, please contact Accessibility within the Academic and Career Development Center (ACDC) as early as possible this semester as they are the designated department on campus responsible for approving and coordinating reasonable accommodations for students with disabilities. Accessibility will help you understand your rights and responsibilities under the American with Disabilities Act and Section 504 of the Rehabilitation Act and will provide you further assistance with requesting and arranging accommodations for your courses. Once you have access to your "Faculty Notification Letter" through your Accessibility profile on my.fairfield, please send the letter to me and make an appointment to meet with me as soon as possible so that we can review your accommodations together and discuss how best to help you achieve equal access in this course this semester.

FAIRFIELD UNIVERSITY  
EGAN SCHOOL OF NURSING & HEALTH STUDIES  
NS 323 Pediatric Nursing  
COURSE SYLLABUS Spring 20202

Contact information for Accessibility (ACDC):

Accessibility in the Academic and Career Development Center

(t) 203-254-4081

Kelley Center

[acdc@fairfield.edu](mailto:acdc@fairfield.edu)

**FUSA's Mental Health Resolution:** Fairfield University provides mental health services to support the academic and personal success and well-being of students. Counseling & Psychological Services offers free, confidential psychological services to help students manage personal challenges that may interfere with your well-being. Fairfield University is committed to advancing the mental health and wellbeing of its students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available.

For help, contact Counseling and Psychological Services at (203) 254-4000 ext 2146.

### **COURSE REQUIREMENTS**

The goal for this course is for students to integrate theory with clinical practice. The student must pass the clinical component of the course in order to pass the entire course. Attendance is mandatory for class and clinical. *All students must receive a final course grade of 77% to pass the course. Students must also pass the clinical portion of the course in order to pass NS 323.*

### **TEACHING STRATEGIES**

**Didactic:** To meet various student-learning styles, a variety of teaching strategies will be utilized throughout the course with the aim of achieving an interactive classroom. Strategies used include: lecture, flipped classroom, media, discussion, simulation, case studies, and reflection. This course contains didactic and clinical sections. Materials for this course will be loaded onto Blackboard in advance to each class meeting.

**Attendance/Assigned readings:** Students are expected to come to each class on time, to have read all assigned readings *before* each class, and to participate in classroom discussions. Attendance will be tracked. Missed classes may affect your overall course grade. If unable to attend, please notify the course coordinator by e-mail prior to the start of class you are missing.

**Cell phone policy:** Cell phones must be turned off during class; no texting is allowed. There may be a time in class when you are asked by the professor to use your cell phone in class as part of a learning activity.

**Laptop policy:** You are encouraged to bring laptops for use during selected, in-class activities. *It is inappropriate to use laptops, however during class to 'surf the internet', check email, complete homework or any other activity not specifically related to the class discussion.* No laptops should be in use during student simulations.



FAIRFIELD UNIVERSITY  
EGAN SCHOOL OF NURSING & HEALTH STUDIES  
NS 323 Pediatric Nursing  
COURSE SYLLABUS Spring 20202

**Class participation** is expected throughout the course. Class participation includes attendance in class, involvement in class discussions, and on-time completion of all required assignments for both class and clinical. ***Missed classes or failure to come prepared may affect your grade.***

**In-class online testing** includes four online tests, a cumulative final exam, and ATI tests (see below).

**Exams**

Exams must be taken on the scheduled day. Please bring your fully charged laptop in on the day of the test, as the exam will be taken on blackboard. If you do not have a working laptop, please be sure to reserve a laptop from the 4th Floor Undergraduate Suite (NHS 401) prior to the date/time of your test. Please note that the 4th Floor Undergraduate Suite is not open after 4:30p or on weekends so it is the responsibility of the student to plan for a computer prior to the test day.

Requests for taking tests at times other than specified in the syllabus will only be granted under extreme circumstances, and must be made *in writing prior to the test date*. **Travel, vacation, employment, elective procedures/surgeries, or other commitments are not acceptable reasons to miss an exam.** Failure to adhere to this policy may result in a grade of zero.

**Students who must miss a test must notify the Course Coordinator by email no later than 7:00am on the day of class. Considerations for missed tests include a medical or family emergency, and documentation from a healthcare provider is required.** The Course Coordinator will make the final determination as to whether a missed test can be excused. If the student will require a make-up test, the course coordinator will determine the test date and time. The student will receive a zero grade for failure to make up excused tests within an appropriate time frame.

**ATI homework assignments:** Separate from end of semester ATI testing, there will be 5 required Learning Templates to be scored by Professor Budd, throughout the semester (see due dates listed in Class Schedule, beginning on p. 10). If the templates are fully complete, then students will receive 1 point per template for a total of 5 points (5%). If late or not fully complete then students will receive zero points.

**ATI testing** will be completed prior to final course examination. There will be two Practice and one Proctored Assessment. Through timely completion and utilizing the assigned adaptive quizzing, students may achieve a total of five points. The following table provides information concerning scoring and remediation.

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**Assessment Technologies Institute (ATI) Testing**

There are 2 Practice Assessments: RN Nursing Care of Children Online Practice A 2019 and B 2019

Practice Assessments	
4 points	
Complete Practice Assessment A (2 points) <u>RN Care of Children 2019 Practice Test A</u> <b>Test results due 4/16/19 by 8pm</b> All students complete the 25 review questions from ATI Learning Systems 3.0	Complete Practice Assessment B (2 points) <u>RN Care of Children 2019 Practice Test B</u> <b>Test results due 4/23/19 by 8pm</b> All students complete the 25 review questions from ATI Learning Systems 3.0

There is 1 Proctored Assessment: RN Nursing Care of Children Online Practice 2019 administered in class



Standardized Proctored Assessment			
Level 3 6 points	Level 2 4 points	Level 1 3 point	Below level 1 1 points
	Complete the 25 review questions from ATI Learning Systems 3.0	Complete the 35 review questions from ATI Learning Systems 3.0	Complete the 50 review questions from ATI Learning Systems 3.0
<b>10/10 points (100%)</b>	<b>8/10 points (80%)</b>	<b>7/10 points (70%)</b>	<b>6/10 points (50%)</b>

Please note: there will *not* be a retake of the Proctored Assessment. **There is no extra credit.** (There is no extra credit on the NCLEX exam.) As noted above, the score you earn on your proctored ATI exam can potentially have a significant impact on your final grade in this course. Students need to plan and study for the proctored ATI exam. **Students who score a level 1 or below on two or more ATI proctored assessments (any course) will need to meet with the ATI coordinator to develop an action plan for improvement which will be placed in the student's file.**

The proctored pediatric ATI test is 70 items. Students will get 70 minutes to complete the test. The cut offs for each proficiency level are as follows:

- **Level 1 cut score:** 53.3-61.7%
- **Level 2 cut score:** 63.3-76.7%
- **Level 3 cut score:** 78.3-100%

The ATI proctored test gives you a sense of how you would do on your state board examination on the pediatric nursing content. Please refer to page 5 of your syllabus related to grading for ATI.

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Note that you need to complete the ATI Learning Systems 3.0 questions assigned to your level of performance for each of the practice and the proctored ATI exams.

**CLINICAL EXPERIENCE:**

The pediatric clinical has two components: on-campus and off-campus (hospital based clinical). Each clinical group is assigned two clinical instructors. Students are required to attend the set dates and times completely in order to meet the clinical requirements of this course. Clinical experience provides the student with opportunities to apply the nursing process, including: 1) pediatric assessment, including: immunizations, nutrition, and developmental status, diagnostic procedures and laboratory data, 2) pathophysiology, 3) nursing diagnoses and outcome criteria, collaborative and independent nursing interventions, with emphasis on pharmacological therapies and, 4) use of outcome criteria to evaluate client outcomes.

- i. **Attendance:** A grade of pass or fail will be earned on the basis of achievement of clinical objectives. Students must score 2 or higher for each sub-objective for the phase 2 final evaluation. (See Clinical Evaluation Tool). Students who fail the clinical portion of the course will automatically fail NS 323, apart from their classroom performance. Unsafe clinical practice and/or the failure to meet any one clinical objective represent failure in clinical performance. Regardless of the letter grade earned, you must achieve pass on all clinical objectives. See appendix for clinical objectives. **Clinical attendance is mandatory.**
- ii. **Personal and Professional Responsibilities:** Conduct and appearance in clinical agencies should be in accordance with professional nursing standards and School of Nursing policies at all times. *The EGAN School of Nursing and Health Studies uniform is required for each clinical day (in-patient and on-campus).* Students are responsible for *calling the agency and the clinical instructor* if unable to attend a scheduled clinical experience. Informing classmates regarding an absence is *not* sufficient.
- iii. **Missed Clinical Days:** Absences will be reviewed by the course coordinator and clinical instructor and make-ups will be permitted only with their approval. Travel, work, and scheduled appointments ***are examples of unexcused absences and make-up of clinical hours will not be permitted.*** Missed clinical days must be made up with your instructor before the end of the course.
- iv. **Clinical Assignments:**
  - a) Required documents for students at Yale New Haven Children's Hospital or CCMC are housed in Blackboard, within the SON Clinical Portal, listed under Clinical Compliance Documents. Completion of all documents is due 12/27/19, at 8:00 AM.
  - b) Pediatric Calculation Quiz, **DUE January 21, 2020 by 8:00pm**

Before preparing and administering medications to children during this rotation, **a passing grade of 100% on the medication calculation test must be achieved.** Students will be allowed three attempts to pass the online calculation test. Remedial assistance will be determined by Course Director, Professor Budd and in collaboration with the Learning Resource Center (LRC). Students

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will not be allowed to deliver any medications to children in the clinical setting, until approved by Course Director.

c) On Campus & In-Patient Clinical Nursing Care Plans: Each student will complete clinical nursing care plans (**2 during the on-campus clinical rotation and 1 during the in-patient clinical rotation**) based on the student's assignment.

For each of the *two on-campus clinical days*, each student must bring a draft of a care plan for one of the patients that they will care for that day. **If a student does not bring the draft care plan to the on campus clinical, the instructor will formally document (i.e. critical incident report) that the student was not prepared for the clinical day, and the report will be filed in the student's record.** This care plan will be based on the information that is posted in Blackboard for each clinical day. Your clinical instructor will provide specific instructions about this when you meet. For the *in-patient clinical*, the student will not have patient information before the clinical day so the completed care plan must be submitted to the clinical instructor as (s)he instructs. Only one care plan will be completed during the inpatient clinical rotation.

The care plans will not receive a numerical grade but must be done to the satisfaction of the clinical instructor in order to pass clinical. The instructor(s) will review the care plans, provide suggestions for improvement, and set the due dates for each plan. The template for the care plan can be found in the Blackboard under the clinical documents folder. Please speak with your clinical faculty regarding the specific due date for each of these assignments.

d) Reflective Journaling related to the In-patient setting (**\*\*\*See Scoring Rubric Page: 13**) Students are expected to submit **two** separate reflections of the in-patient clinical experience. The purpose of the journal is to critically reflect on experiences in clinical practice, and to question biases, preconceptions, and assumptions. The goal is to develop new thinking and to demonstrate growth during the semester. It is not to document specific events or activities that transpired on the unit/community for a particular day. Reflections should be presented clearly and with relevance to the field of pediatric nursing. The reflection should be less than one page and are due to your clinical instructor by midnight of the day following the student's clinical, or as arranged by the instructor. Late submissions will affect your grade (See evaluation methods, Page: 2).

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**For each in-patient reflection, please answer the following questions:**

1. *What did you learn today that would make you a better pediatric nurse tomorrow?*
2. *How did the experience contribute to your understanding of self, others, as well as course topics?*
3. *How did the experience connect to past experiences or materials from other courses?*
4. *Did you witness or were you a part of an ethical concern?*
5. *How did the role of the pediatric nurse contribute to the interprofessional team to optimize the patient's outcome?*

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Date	Topic	Readings due	Assignments due
<p><b>Tuesday, 1/21</b></p>	<p>Course Orientation Syllabus Reviewed</p> <p>Overview of Clinical Nurses Role in Care of the Child</p> <p>Family Centered Care</p> <p>Pediatric Assessment, Pain Assessment &amp; Management</p>	<p><b>Reading:</b> Text Chapter 1: Nurse's Role in Care of the Child</p> <p><b>Reading:</b> Text Chapter 2: Family Centered Care &amp; Cultural Considerations pp. 17-25; 33-42.</p> <p><b>Reading:</b> Text Chapter 5: Pediatric Assessment; Ch. 15 Pain Assessment</p> <p><b>Handouts in BB: Clinical Folder</b></p> <ol style="list-style-type: none"> <li>1) Physical Assessment (ppt)</li> <li>2) Yale: Head to toe</li> <li>3) Communication Strategies</li> </ol>	<p><b>*Pedi Calc Quiz Due by 1/21 by 8:00pm</b></p>
<p><b>Tuesday, 1/28</b></p>	<p>The Hospitalized Child</p> <p>Nutrition</p> <p>Begin: Growth &amp; Development: Infant, Toddler (1-3years), Preschooler/School-Aged/Adolescent; Immunizations</p>	<p><b>Reading:</b> Text Chapter Ch. 11- The Hospitalized Child</p> <p><b>Reading: Nix Text:</b> Chapter 11 Nutrition During Infancy, Childhood, and Adolescence (from <i>Williams' Basic Nutrition and Diet Therapy</i> by <b>Staci Nix</b> -posted in BB)</p> <p><b>Required Reading:</b> In the ATI Content Mastery Review Series Nursing Care of Children (Edition 10.0)- CHAPTER 3 Health Promotion of Infants (2 Days to 1 Year) pp. 15- 20; CHAPTER 4 Health Promotion of Toddlers (1 to 3 Years) pp. 21-24; CHAPTER 5 Health Promotion of Preschoolers (3 to 6 Years) pp. 25-28; CHAPTER 6 Health Promotion of School-Age Children (6 to 12 Years) pp. 29-34; CHAPTER 7 Health Promotion of Adolescents (12. to 20 Years) pp. 33-36.</p>	<p><b>ATI Template due: Cranial Nerve evaluation (Reduction of risk: Assessment) Upload to BB by 9:30am</b></p>

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<p><b>Tuesday, 2/4</b></p>	<p>Finish: Growth &amp; Development: Infant, Toddler (1-3years), Preschooler/School-Aged/Adolescent; Immunizations</p> <p>Immune, Infectious and Communicable Diseases</p>	<p><b>Required Reading:</b> In the ATI Content Mastery Review Series Nursing Care of Children (Edition 10.0)- CHAPTER 3 Health Promotion of Infants (2 Days to 1 Year) pp. 15- 20; CHAPTER 4 Health Promotion of Toddlers (1 to 3 Years) pp. 21-24; CHAPTER 5 Health Promotion of Preschoolers (3 to 6 Years) pp. 25-28; CHAPTER 6 Health Promotion of School-Age Children (6 to 12 Years) pp. 29-34; CHAPTER 7 Health Promotion of Adolescents (12 to 20 Years) pp. 33-36.</p> <p><b>Reading:</b> Text Chapter - 16: Immunizations and Communicable Diseases</p>	<p><b>ATI G &amp; D Template Toddler (developmental findings to report; Safety)</b> Upload to BB by 9:30 am</p> <p><b>ATI template: Infant Immunization (Health promotion)</b> Upload to BB by 9:30 am</p>
<p><b>Tuesday 2/11</b></p>	<p><b>Test #1 (G &amp; D; Hosp Child; Nutrition; Physical &amp; Pain assessments, Communicable Diseases)</b></p> <p><b>Lecture:</b></p>	<p style="text-align: center;"><b>Test #1</b></p> <p><b>Reading:</b> Text Chapter -26: Alterations in GU function</p>	<p><b>Bring lap tops to class</b></p>
<p><b>Tuesday, 2/18</b></p>	<p>Alterations in Respiratory Function</p> <p>Alterations in Eye, Ear, Nose, and Throat Function</p>	<p><b>Reading:</b> Text Chapter -20: Alterations in Resp. Function pp. 474-512.</p> <p><b>Reading:</b> Text Chapter- 19: Alterations in Eye, Ear, Nose, and Throat Function</p>	

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<b>Tuesday, 2/25</b>	<b>Test #2 (ENT/Resp./GU)</b>  <b>Lecture:</b> Alterations in Hematologic Function	<b>Test #2</b>  <b>Reading:</b> Text Chapter - 23: Alt. in Hematologic Function	<b>Bring lap tops to class</b>
<b>Tuesday, 3/3</b>	Alterations in Cardiovascular Function	<b>Reading:</b> Text Chapter – 21: Alt in CV functioning	<b>ATI Medication Template: Digoxin (pharm) Upload to BB by 9:30 am</b>
<b>Tuesday, 3/10</b>	<b>Spring Break...</b>	<b>ENJOY!</b>	
<b>3/17</b>	<b>Test #3 (Cardiac/Heme)</b>  <b>Lecture:</b> Pediatric Emergencies Guest Lecturer: Dr. Linda Roney	<b>Test #3</b>	<b>Bring lap tops to class</b>
<b>Tuesday, 3/24</b>	The Child with a Chronic Condition/Palliative & End of Life Care. Guest Lecturer: Dr. Eileen O'Shea  The Child with Cancer	*ELNEC Communication Module & supporting docs posted in BB  Journal Article: O'Shea & Kanarek posted in BB  <b>Reading:</b> Text Chapter - 24: The Child with Cancer	
<b>Tuesday, 3/31</b>	Alterations in Gastrointestinal Function	<b>Reading:</b> Text Chapter- 25: Alterations in GI functioning pp. 655-674; 676-689.	<b>ATI template: Rotavirus Precautions; infection control, nutrition, oral hydration (Safety &amp; Infection; Basic care &amp; comfort) Upload to BB by 9:30 am</b>



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<b>Tuesday, 4/7</b>	<b>Test #4 (Oncology/Palli/GI/ Pedi Emergencies)</b>  <b>Lecture:</b> Alterations in Mental Health Cognition (Cognitive disabilities)	<b>Test #4</b>  <b>Reading:</b> Text Chapter - 28: Alt in Mental Health and Cognitive Function, pp. 813- 818.	<b>Bring lap tops to class</b>
<b>Tuesday, 4/14</b>	Alterations in Neurologic Function  <b>Begin:</b> Alterations in Musculoskeletal Function	<b>Reading:</b> Text Chapter - 27: Alt in Neuro Functioning  <b>Reading:</b> Text Chapter - 29: Alterations in Musculoskeletal Function  <i>ATI Practice Assessment A</i>	<i>ATI due tonight by 8:00pm</i>
<b>Tuesday, 4/21</b>	<b>IDEA EVALUATION</b>  <b>Finish:</b> Alterations in Musculoskeletal Function  Alterations in Skin Integrity, Including: Burns	<b>Reading:</b> Text Chapter - 29: Alterations in Musculoskeletal Function  <b>Reading:</b> Text Chapter - 31: Alterations in Skin Integrity  <i>ATI Practice Assessment B</i>	<i>ATI due tonight by 8:00pm</i>
<b>Tuesday 4/28</b>	<i>ATI Proctored Exam</i>	<b>(In Class)</b>	<b>Bring lap tops to class</b>
<b>Friday 5/1/19 at 8:00AM</b>	<b>FINAL EXAM</b>	<b>NHS 203</b>	<b>Bring lap tops to class</b>

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**Reflection Rubric for NS 323 - Course Objective #6**

Adapted from: <http://www.wcs.edu/curriculum/high/honors/new/Rubric.pdf>

	Above Expectations	Meets Expectations	Below Expectations	Student Score
	3	2	1	
Reflective Thinking	The reflection explains the student's own thinking and learning processes, as well as implications for future learning.	The reflection explains the student's thinking about his/her own learning processes.	The reflection does not address the student's thinking and/or learning.	
Analysis	The reflection is an in-depth analysis of the learning experience, the value of the derived learning to self or others, and the enhancement of the student's appreciation for the discipline.	The reflection is an analysis of the learning experience and the value of the derived learning to self or others.	The reflection does not move beyond a description of the learning experience.	
Making Connections	The reflection articulates multiple connections between this learning experience and content from other courses, past learning, life experiences and/or future goals.	The reflection articulates connections between this learning experience and content from other courses, past learning experiences, and/or future goals.	The reflection does not articulate any connection to other learning or experiences.	

9 points = 100%  
 8 points = 95%  
 7 points = 90%  
 6 points = 85%

5 points = 80%  
 4 points = 75%  
 3 points = 70%



Southern Connecticut  
State University

Department of Nursing  
COLLEGE OF HEALTH AND HUMAN SERVICES

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

December 16, 2020

Dear Ms. Smith,

This letter serves as official notification that Southern Connecticut State University, Department of Nursing has appointed Associate Professor Antoinette Towle as Program Administrator (Department Chair) beginning January 1, 2021 to September 1, 2024. I have attached all official educational transcripts and an updated Curriculum Vitae for Dr. Towle.

Please direct any questions to Dean Bulmer, at [bulmers1@southernct.edu](mailto:bulmers1@southernct.edu) or 203-392-7015.

I would also like to take this opportunity to thank you for your support over the years in my role as Department Chair/Program Administrator. I will be retiring from state service at the end of this year.

Most Sincerely,

Cheryl Resha, RN, MSN, EdD  
Professor & Chairperson

Name of applicant

Antoinette Marie (Varanelli) Towle

**STUDENT PROGRAM**

Name of school of nursing

St. Mary's Hospital School of Nursing

D. A. P. during student's enrollment	THEORY		Clinical Experience			CO CF
	Hours	Grade	DAY WEEKS	EVE.	NIGHT	
318						
BIOLOGICAL - PHYSICAL SCIENCES						
*Biology #225	75	A				1
Anatomy and Physiology *Biology #226	75	A				1
Microbiology *Biology #232	75	B				1
Chemistry *Chemistry #111	75	A				1
Nutrition *Chemistry #112	75	A				1
<b>SOCIAL SCIENCES</b>						
**Psychology #101	45	A				
**Sociology #101	45	A				
Social Problems						
**Developmental Psychology #201	45	A				
*Sociology #201	45	B				
<b>NON-CLINICAL</b>						
History of Nursing						
Professional Adjustments I						
Professional Adjustments II						
**English #101	45	A				
*Philosophy #105	45	B				
<b>CLINICAL</b>						
Introduction to Nursing						
Medical Nursing						
Foundations of Nursing	85	89	18			
Nursing I	100	89	18			
Nursing 202 (Includes Psychiatric Surgical Nursing Nursing)	144	86	18			
Nursing 301	144	91	18			
Nursing 302	144	92	18			
Obstetric Nursing						
Nursing 201 (Includes Obstetrics and Pediatrics)	144	86	18			
Nursing of Children						
Psychiatric Nursing						
*Courses taken through Mattatuck Community College, Waterbury, Connecticut						
**Courses taken at Mattatuck prior to entering School of Nursing						
<b>Total</b>						
	1406		108			

Length of program 27 months

Granted diploma in nursing yes (yes or no)

Granted degree from college or Uni.

Admission date August 20, 1978

Finishing date May 22, 1981

**A. COLLEGE COURSE RECORD**

Credit	Course
	Physics
	Biology
	Chemistry
	Mathematics
	English
	History
	Foreign languages
	Philosophy
	Psychology
	Social Science
Aca. credit for clinical exp. and courses in section C	
Total credits for graduation	

**B. CLINICAL AFFILIATIONS**

Name of hospital or agency	For what service	Length of Affiliation
Waterbury Hospital Health Center	(Psychiatry) Nursing 202	4 wks.
Gaylord Hospital	Nursing 202	2 wks.
Wtby. Regional Dept. of Pediatrics (Waterbury Hospital Health Center)	Nursing 201	2 wks.
Cerebral Palsy Association	Nursing 201	2 wks.
Nursery Schools	Nursing 201	1 wk.

5/28/81

PLEASE RETURN TO BOARD OF EXAMINERS FOR NURSING  
79 ELM STREET, HARTFORD, CONN. 06115

*Rosemary L. Moran*  
Signature of Director

MATTATUCK COMMUNITY COLLEGE WATERBURY, CONNECTICUT 06702

IDENT NUMBER	STUDENT NAME (Veranelli) (SM)	TITLE (Mr. Mrs. Miss)	HOME ADDRESS 104 Hutchinson St. Waterbury, Ct. 06708														
ANCE DATE	TOWLE Antoinette M. Holy Cross High- Waterbury	CHANGES OF ADDRESS	GRADING SYSTEM GRADE EVALUATION														
9/77			<table border="1"> <tr><td>A</td><td>EXCELLENT</td></tr> <tr><td>B</td><td>ABOVE AVG.</td></tr> <tr><td>C</td><td>AVERAGE</td></tr> <tr><td>D</td><td>PASSING</td></tr> <tr><td>F</td><td>FAILURE</td></tr> <tr><td>W</td><td>WITHDRAWN</td></tr> <tr><td>I</td><td>INCOMPLETE</td></tr> </table>	A	EXCELLENT	B	ABOVE AVG.	C	AVERAGE	D	PASSING	F	FAILURE	W	WITHDRAWN	I	INCOMPLETE
A	EXCELLENT																
B	ABOVE AVG.																
C	AVERAGE																
D	PASSING																
F	FAILURE																
W	WITHDRAWN																
I	INCOMPLETE																
UOR	GENERAL EDUCATION OPT. II	DATE REQUIREMENTS COMPLETED	WITHDRAWAL AND RE-ENTRY DATES														
		May 21, 1981															
TE OF GRADUATION	DEGREE	RANK IN CLASS															
May 31, 1981	A.S.																

REGISTERED	EARNED	FAILED	INC WITH	QUALITY POINTS	GPA	MGCC 7/12/78
17	17	0	0	68	4.000	FALL, 1977
0	0	0	0	0	.000	
17	17	0	0	68	4.000	

ITEM	COURSE	TITLE	CREDIT	GRADE
8	ENG 101	COMPOSITION	3	A
4	MATH 101	ELEM ALG	3	A
6	BIO 103	GEN BIO I	4	A
9	CHEM 101	INTRO TO CHEM	4	A
3	PSY 101	GEN PSY I	3	A
4	COLS 100	STUDY SKILLS	0	P

REGISTERED	EARNED	FAILED	INC WITH	QUALITY POINTS	GPA	MGCC 7/12/78
15	15	0	0	60	4.000	SPRING, 1978
17	17	0	0	68	4.000	
32	32	0	0	128	4.000	

ITEM	COURSE	TITLE	CREDIT	GRADE
73	GEO 102	WORLD REG GEO	3	A
22	ENG 102	APPRO TO LIT	3	A
10	MATH 104	INTRO NUM SYS	3	A
61	PSY 201	DEVELOP PSY	3	A
78	SOC 101	INTRO SOC	3	A

REGISTERED	EARNED	FAILED	INC WITH	QUALITY POINTS	GPA	MGCC 7/12/78
32	32	0	0	28	3.500	FALL, 1978
40	40	0	0	128	4.000	
				156	3.900	

ITEM	COURSE	TITLE	CREDIT	GRADE
100	FIO 225	HUMAN ANAT & PI	4	A
103	FIO 225	LAB III	0	
104	FIO 232	MICROBIOLOGY	4	B
105	FIO 232	LAB I	0	

REGISTERED	EARNED	FAILED	INC WITH	QUALITY POINTS	GPA	MGCC 7/12/78
4	4	0	0	3	4.000	SPRING, 1979
4	4	0	0	15	3.900	
				14	3.914	

ITEM	COURSE	TITLE	CREDIT	GRADE
705	FIO 225	HUMAN A & P II	4	A
709	CHEM 111	GEN CHEM I	4	A

REGISTERED	EARNED	FAILED	INC WITH	QUALITY POINTS	GPA	MGCC 7/12/78
16	16	0	0	16	4.000	FALL, 1979
178	178	0	0	178	3.916	
204	204	0	0	204	3.923	

ITEM	COURSE	TITLE	CREDIT	GRADE
748	CHEM 112	GEN CHEM II	4	A

REGISTERED	EARNED	FAILED	INC WITH	QUALITY POINTS	GPA	MGCC 7/12/78
3	3	0	0	3	3.000	SPRING, 1980
52	52	0	0	204	3.923	
55	55	0	0	213	3.872	

ITEM	COURSE	TITLE	CREDIT	GRADE
431	SOC 201	MARR & FAM STM	3	B

REGISTERED	EARNED	FAILED	INC WITH	QUALITY POINTS	GPA	MGCC 7/12/78
7	7	0	0	9	3.000	SPRING, 1981
58	58	0	0	213	3.872	
58	58	0	0	222	3.827	

ITEM	COURSE	TITLE	CREDIT	GRADE
721	PHIL 105	MEDICAL ETHICS	3	B

**TRANSFER CREDITS GRANTED**  
 St. Mary's Hospital School of Nursing  
 General Electives 36 cr

Requirements for the Associate Degree  
 in General Education completed as of  
 5-21-81

**POST UNIVERSITY**  
 800 COUNTRY CLUB ROAD  
 WATERBURY, CT 06723-2540

**Antoinette V. Towle**

67 Deerwood Dr.  
 Bethlehem, CT 06751

Printed on: 3/25/2011

Honors:  
 Alpha Chi

Degree: Bachelor of Science  
 Major: General Studies

Grad: 5/20/1995

Course	Grade	HA	HE	HC	QP
<b>Spring 1992 1/13-5/6/92</b>					
ENG207 Speech Comm	A	3.00	3.00	3.00	12.00
Term GPA:	4.00	3.00	3.00	3.00	12.00
Cumulative GPA:	4.00	3.00	3.00	3.00	12.00

<b>Fall 1993 (8/30-12/17/93)</b>					
BAD311 Managerial Comm	A	3.00	3.00	3.00	12.00
HMT302 Hospitality Mgt	A	3.00	3.00	3.00	12.00
Term GPA:	4.00	6.00	6.00	6.00	24.00
Cumulative GPA:	4.00	9.00	9.00	9.00	36.00

<b>Intersession 1/3-1/14/94</b>					
COM307 Comm Mod World	A	3.00	3.00	3.00	12.00
Term GPA:	4.00	3.00	3.00	3.00	12.00
Cumulative GPA:	4.00	12.00	12.00	12.00	48.00

<b>Spring 1994 1/18-5/13/94</b>					
ART300 Painting I	A	3.00	3.00	3.00	12.00
SOC401 Soc of Community	A	3.00	3.00	3.00	12.00
Term GPA:	4.00	6.00	6.00	6.00	24.00
Cumulative GPA:	4.00	18.00	18.00	18.00	72.00

<b>Fall 1994 (8/29-12/16/94)</b>					
ART110 Design I	A	3.00	3.00	3.00	12.00
ART301 Painting II	A	3.00	3.00	3.00	12.00
COM402 TV: Demon/Angel	A	3.00	3.00	3.00	12.00
Term GPA:	4.00	9.00	9.00	9.00	36.00
Cumulative GPA:	4.00	27.00	27.00	27.00	108.00

<b>Wtby 1/3-3/2/95</b>					
PSY305 Theor Personlty	A-	3.00	3.00	3.00	11.10
Term GPA:	3.70	3.00	3.00	3.00	11.10
Cumulative GPA:	3.97	30.00	30.00	30.00	119.10

<b>Spring 1995 1/17-5/12/95</b>					
PSY306 Abornmal Psych	A	3.00	3.00	3.00	12.00
SOC301 Social Problems	A	3.00	3.00	3.00	12.00

Course	Grade	HA	HE	HC	QP
Term GPA:	4.00	6.00	6.00	6.00	24.00
Cumulative GPA:	3.98	36.00	36.00	36.00	143.10

**END OF TRANSCRIPT**

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*Keith Carr*

REGISTRAR

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# UNIVERSITY OF HARTFORD

200 BLOOMFIELD AVENUE  
WEST HARTFORD, CT 06117

Record of: Antoinette Towle

Date Issued: 31-MAR-2011

UNOFFICIAL

Page: 1

Course Level: Graduate  
Advisor:  
Matriculated: Fall Term 1995

Current Program:  
College : Educ., Nursing & Health Prof.  
Major : Nursing

Degree Awarded : Master of Science Nursing 16-MAY-1999  
Major : Nursing

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	R
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INSTITUTION CREDIT:

Fall Term 1995

Educ., Nursing & Health Prof.  
Nursing  
NUR 610 Theoretical Perspectives 3.00 B 9.00  
Ehrs: 3.00 GPA-Hrs: 3.00 Pts: 9.00 GPA: 3.00

Spring Term 1996

Educ., Nursing & Health Prof.  
Nursing  
NUR 690 St:Psycho-Educational Strateg. 3.00 A 12.00 I  
Ehrs: 3.00 GPA-Hrs: 3.00 Pts: 12.00 GPA: 4.00

Summer Term 1996

Educ., Nursing & Health Prof.  
Nursing  
NUR 618 Quantita/Qualit Research Meth 3.00 A- 11.01  
NUR 690 Adv Physiology Health&Illness 3.00 A 12.00 I  
Ehrs: 6.00 GPA-Hrs: 6.00 Pts: 23.01 GPA: 3.83

Fall Term 1996

Educ., Nursing & Health Prof.  
\*\*\*\*\* CONTINUED ON NEXT COLUMN \*\*\*\*\*

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	R
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Institution Information continued:

Nursing  
NUR 690 ST:Health Assessment&Promotion 3.00 A- 11.01 I  
Ehrs: 3.00 GPA-Hrs: 3.00 Pts: 11.01 GPA: 3.67

Spring Term 1997

Educ., Nursing & Health Prof.  
Nursing  
NUR 690 ST: Pharmacology 3.00 A 12.00 I  
Ehrs: 3.00 GPA-Hrs: 3.00 Pts: 12.00 GPA: 4.00  
Good Standing

Summer Term 1997

Educ., Nursing & Health Prof.  
Nursing  
NUR 692 ST:Nur Mgt Common Health Probl 3.00 A 12.00  
Ehrs: 3.00 GPA-Hrs: 3.00 Pts: 12.00 GPA: 4.00

Fall Term 1997

Educ., Nursing & Health Prof.  
Nursing  
NUR 690 ST:AP Community Health Nur I 3.00 A 12.00 I  
Ehrs: 3.00 GPA-Hrs: 3.00 Pts: 12.00 GPA: 4.00  
Good Standing

Spring Term 1998

Educ., Nursing & Health Prof.  
Nursing  
NUR 620 Scholarly Inquiry 3.00 A- 11.01  
NUR 660 AP Community Health Nursing II 3.00 A 12.00  
\*\*\*\*\* CONTINUED ON PAGE 2 \*\*\*\*\*

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- ② When photocopied, the transcript background shows void.

STUDENT COPY



UNIVERSITY of  
MASSACHUSETTS  
Arnold House  
Box 30420  
Amherst, MA 01003-0420

Graduate School of Nursing

voice: 413.545.1302  
fax: 413.577.1303

August 20, 1999

Catherine A. Carter, Registrar  
American Nurses Credentialing Center  
600 Maryland Avenue, S.W., Suite 100 West  
Washington, DC 20024-2571

Dear Ms. Carter:

Please accept this letter as verification that the students listed below have successfully completed all components of the Post Master's Pediatric Nurse Practitioner Program, School of Nursing Graduate Program, University of Massachusetts at Amherst. The Post Master's Pediatric Practitioner Program included completion of 42 hours of theory, and 10 hours of clinical practice. This post master's component is in addition to the 600 clinical hours in pediatrics and 500 hours of theory from the MS School Health Nurse Practitioner Program at University of Hartford.

**Students Completing the Post Master's  
Pediatric Nurse Practitioner Program – August 18, 1999**

Antionette Towle

All candidates will be providing official copies of University of Massachusetts transcripts showing completion of this course of study in Primary Care nursing as well as a Master's Degree in Nursing from University of Hartford. If you require additional information, please feel free to contact Karen Carlson at (413) 545-1302.

Sincerely,

Jeanine Young-Mason, RN, CS, EdD, FAAN  
Professor and Graduate Program Director

Anita St. Clair, PhD, RNCS, PNP  
Assistant Professor

Cc: Graduating Primary Care Students





# NOVA SOUTHEASTERN UNIVERSITY

3301 College Avenue  
Fort Lauderdale, Florida 33314-7796

Date Issued: 23-MAR-2011  
OFFE Official EPS wSSN

Record of: Antoinette V Towle  
14 Paul Hts  
Southington, CT 06489-4129

Page: 1

Issued To: Antoinette Towle  
14 Paul Heights  
Southington, CT 06489-4129

Course Level: Doctorate - Ed/Org Leaders

Primary Curriculum  
Doctor of Education

College: Fischler Sch Edu/Hum Serv  
Major: Educational Leadership

Comments:

Academic Requirements Completed: 01/04/08  
Degrees Awarded Doctor of Education 31-JAN-2008  
Ehrs: 66.00 GPA-Hrs: 54.00 QPts: 213.00 GPA: 3.94

Primary Degree

College: Fischler Sch Edu/Hum Serv  
Major: Educational Leadership

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
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Institution Information continued:

Term: Fall 2005

ARO 8412	Statistical Methods	3.00 A	12.00
ARO 8467	Seminar 2: Proposal - DEDL	5.00 P	0.00
EDL 8301	Issues in Special Ed Admin	6.00 A	24.00
Term: Ehrs: 14.00 GPA-Hrs: 9.00 QPts: 36.00 GPA: 4.00			

Term: Winter 2006

ARO 8415	Survey Research	3.00 A	12.00
EDL 8431	School Finance	2.00 A	8.00
EDL 8432	School Policy	2.00 A	8.00
EDL 8434	School Law	2.00 A	8.00
EDL 8472	Human Resource Development	3.00 A	12.00
Term: Ehrs: 12.00 GPA-Hrs: 12.00 QPts: 48.00 GPA: 4.00			

INSTITUTION CREDIT:

Term: Fall 2004

DSO 8000	Doctoral Studies Orientation	0.00 P	0.00
Term: Ehrs: 0.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00			

Term: Winter 2005

ARO 8411	Research Design and Methods	3.00 A	12.00
EDL 8481	Leadership Appraisal	3.00 A	12.00
Term: Ehrs: 6.00 GPA-Hrs: 6.00 QPts: 24.00 GPA: 4.00			

Term: Summer I 2006

EDL 8308	Leading A Learning Org.	6.00 A	24.00
EDL 8441	Leadership & Change	3.00 A	12.00
EDL 8443	Leader Comm: Theory & Practice	3.00 A	12.00
Term: Ehrs: 12.00 GPA-Hrs: 12.00 QPts: 48.00 GPA: 4.00			

Term: Summer I 2005

ARO 8466	Concept Paper: Seminar 1-DEDL	2.00 P	0.00
ARO 8813	Program Eval. and Policy Anal.	3.00 A	12.00
EDL 8442	Ethics & Social Responsibility	3.00 B	9.00
EDL 9472	Professional Learn Communities	3.00 A	12.00
Term: Ehrs: 11.00 GPA-Hrs: 9.00 QPts: 33.00 GPA: 3.66			

Term: Fall 2006

\*\*\*\*\*  
 Dissertation Requirements Completed: 1/04/08  
 \*\*\*\*\*  
 Dissertation Title: Evaluation of the Effects of  
 a Collaborative Behavior Management Model in a  
 Regional Education Service Centers Program.  
 \*\*\*\*\*  
 ARO 8468 Seminar 3: Dissertation 5.00 P 0.00  
 EDL 9480 Reflection & Vision Portfolio 6.00 A 24.00  
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 \*\*\*\*\* CONTINUED ON PAGE 2 \*\*\*\*\*

\*\*\*\*\* CONTINUED ON NEXT COLUMN \*\*\*\*\*

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G. Elaine N. Poff, Director of University Registrar's Office

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TRANSCRIPT





# NOVA SOUTHEASTERN UNIVERSITY

Date Issued: 23-MAR-2011

OFFE Official EPS wSSN

Record of: Antoinette V Towle  
Level: Doctorate - Ed/Org Leaders

3301 College Avenue  
Fort Lauderdale, Florida 33314-7796

Page: 2

SUBJ NO.	COURSE TITLE	CRED GRD	PTS	R
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Institution Information continued:

Term: Ehrs: 11.00 GPA-Hrs: 6.00 QPts: 24.00 GPA: 4.00

Term: Winter 2007

ADS 8090 Applied Dissertation Serv I 0.00 PR 0.00

Term: Ehrs: 0.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00

Term: Summer I 2007

ADS 8090 Applied Dissertation Serv I 0.00 PR 0.00

Term: Ehrs: 0.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00

Term: Fall 2007

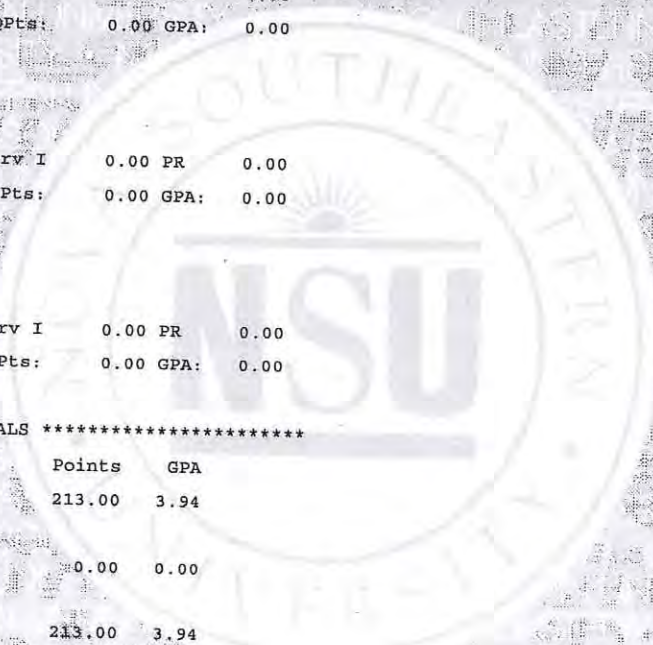
ADS 8090 Applied Dissertation Serv I 0.00 PR 0.00

Term: Ehrs: 0.00 GPA-Hrs: 0.00 QPts: 0.00 GPA: 0.00

\*\*\*\*\* TRANSCRIPT TOTALS \*\*\*\*\*

	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	66.00	54.00	213.00	3.94
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	66.00	54.00	213.00	3.94

\*\*\*\*\* END OF TRANSCRIPT \*\*\*\*\*



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G. Elaine N. Poff, Director of University Registrar's Office

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ACADEMIC  
TRANSCRIPT



VOID WHEN FILLED TOWARD A LIGHT SOURCE

**Antoinette V. Towle Ed. D, MSN, APRN PNP-BC, SNP-BC, RN**

110 Hutchinson Street

Waterbury, CT. 06708

Email: Antoinette.towle@gmail.com

860-250-7498

## **Education**

**Ed D, NOVA Southeastern University, 2008**

**Major: Doctorate of Education**

**Dissertation Title: Applied Dissertation:** Evaluating the effectiveness of a new collaborative behavior management model and philosophy implemented in an alternative middle / high school for students with emotional and behavioral difficulties.

**Post Masters Certification, University of Massachusetts, 1999**

Pediatric Nurse Practitioner Certification

**MSN, University of Hartford, 1999**

**Major: Community Health Nursing, Advanced Practice School Health Nurse**

**Practitioner** focus on providing healthcare to children in a variety of community health care settings, i.e. schools, hospitals, primary care, clinics, community.

**BS, Post University, 1995**

**Major: General Studies**

**RN Registered Nurse Diploma, Saint Mary's Hospital School of Nursing, 1981: Major Nursing**

## **Professional Positions**

**Associate Tenured Professor, Southern Connecticut State University**

(August 2017- Present).

**Assistant Professor, Southern Connecticut State University**

(August 2011 – May, 2017).

**Adjunct Professor, Goodwin University**

(August 2020 – present)

**Adjunct Professor, American International Collage, Springfield MA.**

(May 2016 - 2019)

**Adjunct Professor, Sacred Heart University**

(January 2011 - May 2012).

**Visiting Professor, University of Hartford**

(August 2009 - August 2011).

## **Clinical Practice:**

**Nurse Practitioner, Hartford Healthcare: Hospice Program-HOPE Team**

(August 2011 - Present)

Complete a home care assessment visit to determine if the Hospice patients continue to be eligible to receive Medicare Hospice Reimbursed Services. Visits are required and completed every 60 days on all identified Hospice patients per Medicare guidelines.

## **Antoinette V. Towle Ed D., MSN, APRN- PNP-BC, SNP-BC, RN**

### **Nurse Practitioner, Medical Weight Loss Centers**

(May 2017- Present)

Medical Provider working with an interdisciplinary team to assist patients in reaching their weight loss goals.

### **Nurse Practitioner, Connecticut Junior Republic (CJR) REGIONS Staff Secured Detention Center, Waterbury CT. (December 2018 – August 2020).**

Provide medical services, preventative and episodic, to male youths, ages 14 to 18, who were previously incarcerated and are now placed in a step down re-entry program.

### **Nurse Practitioner, Complex Care Solutions**

(June 2017 – December 2017)

Conduct in-home health assessments on enrolled Medicare Advantage members, home visits include performing an annual health assessment, a post discharge visit, or follow up visits for complex members.

### **Nurse Practitioner United Healthcare: House Calls Program**

(July 2012 – May 2016)

Conduct in-home health assessments on enrolled Medicare Advantage members, home visits include performing an annual health assessment, a post discharge visit, or follow up visits for complex members. Assessment includes: past medical history; review of systems; physical examination; medication review; depression screening. Physical includes: checking vitals, mono filament test, urine dipstick, foot exam, identify diagnoses to be used in care management and active medical management in the furtherance of treatment, and formulating a list of current and past medical conditions using clinical knowledge and judgment. Findings are communicated to the member's PCP to identify potential gaps in care and to educate members on topics such as disease process, medication, and compliance.

### **Nurse Practitioner, Community Health Resources: Pediatric / Adolescent Mental Health Provider**

(November 2010 - August 2011)

Working in collaboration with a child /adolescent board certified Psychiatrist, provided psychological assessment, diagnosing, medication management and treatment plans for four group homes which provided services to children with psychological and behavioral difficulties ages 2-18.

### **Nurse Practitioner, Medically Supervised Weigh Loss Center Dr. Phil Mongelluzzo Jr. Primary Health Care Provider**

(July 2009 - October 2010)

Work in collaboration with a large internal medicine practice to provide medically supervised weight loss specifically targeted for high risk patients i.e. diabetic, cardiac patients.

### **MRSA Prevention Coordinator: VA Connecticut Health Care System.**

(October 2008 - July 2010)

Worked in collaboration with the Infection prevention department to develop, coordinate, implement and evaluate the Methicillin Resistant Staphylococcus aureus (MRSA) prevention program for the entire VA Connecticut Healthcare System. Responsibilities included staff, patient and family education, monitoring and tracking patient testing outcomes, MRSA transmission rates and compliance standards, data collection, analysis, interpretation, with the development and implementation of ongoing prevention strategies.

**Antoinette V. Towle Ed D., MSN, APRN- PNP-BC, SNP-BC, RN**

**Director of Health Services, Capitol Region Education Council (CREC).**  
(July 1999 - September 2008)

**Director Residential / Day School for children with Emotional / Psychiatric Problems. Capital Region Education Council (CREC Polaris Center).**  
(July 2000-September 2008)

**Administrator / Owner, Pleasant View Manor and Pine Manor Home for the Aged**  
(January 1985 - October 2001)

**Watertown Visiting Nurses, Watertown, CT. Community Health RN**  
(1988-1999)

**City of Waterbury Adult Education, Waterbury CT. Certified Nursing Assistant Instructor**  
(1989-1993)

**Yale New Haven Hospital (formerly St. Raphael's Hospital) New Haven CT. Medical Unit / RN**  
(1984-1985)

**Saint Mary's Hospital, Waterbury CT. Critical Care Cardiac Unit / RN**  
(1981-1984)

**Licensures and Certifications**

**American Academy of CPR and First aid: BSL Adult / Child / Infant**  
(2014-Present)

**APRN Privileges UNITED HEALTH CARE, House Call Program and Hartford Healthcare**  
(July 2012 - Present)

**National Provider Identification Number, Federal Medicare Program, USA.**  
(July 2000 - Present)

**Pediatric Nurse Practitioner Certification, American Nurses Credentialing Certification Center (ANCC).**  
(July 1999 - July 2024)

**School Health Nurse Practitioner Certification, American Nurses Credentialing Certification Center (ANCC).**  
(June 1999 - June 2024)

**Advanced Practice Registered Nurse Licensure, State of CT.**  
(June 1999 - February 2020)

**Registered Nurse, State of CT.**  
(June 1981 - February 17, 2020)

**Controlled Substance Registration, State of CT.**  
(June 1999 – February 28, 2021)

**US Controlled Substance DEA, Federal Government, USA.**

## **Antoinette V. Towle Ed D., MSN, APRN- PNP-BC, SNP-BC, RN**

(July 1999 – February 28, 2022)

### **Professional Leadership / Memberships**

- American Nurses Association (ANA)
- Connecticut Nurses Association (CNA)
- Connecticut Advanced Practice Registered Nurses Society (CTAPRNS)
- Association of Community Health Nursing Educators (ACHNE)
- International Nurse Association
- International Journal of Emergency Mental Health (Reviewer)
- National League of Nursing (NLN)
- Nurse Education in Practice. Elsevier Editorial (Reviewer)
- The Honor Society of Nursing, Sigma Theta Tau International (STTI), Mu Beta Chapter President 2014-2016, presently Treasurer
- Society for Applied Anthropology (SfAA). Council on Nursing and Anthropology (CONNA).
- Waterbury ARC (WARC) Board of Directors

### **Teaching: Courses Taught**

#### **Southern Connecticut State University**

- NUR 353: Integrated Pathophysiology and Pharmacology II (ACE Program)
- NUR 343 and NUR 353: Integrated Pathophysiology and Pharmacology I and II (Undergraduate BSN Program)
- NUR 341: Health Assessment Clinical Lab (Undergraduate BSN Program)
- NUR 526: Advanced Health Assessment (MSN and FNP Graduate Students)
- NUR 526: Advanced Health Assessment (MSN and FNP Graduate Students) Clinical Lab
- NUR 344: Care of the Older Adult (Undergraduate BSN and ACE Program)
- NUR 354 Mental Health (Undergraduate)
- NUR 354 Mental Health Clinical Professor (ACE Program)
- NUR 442 Community Health Nursing (ACE Program)
- NUR 442 Community Health Clinical Professor (Undergraduate BSN and ACE Program)
- NUR 443 Capstone, Clinical Preceptor for Senior Nursing Students Internships (Undergraduate BSN Program)
- NUR 444: Current Issues in Nursing: Leadership. (Undergraduate BSN and ACE Program)
- NUR 459: Leadership, Management and Health Care Issues in Nursing (on-line, RN to BSN Program)
- NUR 521: Advanced Pathophysiology (Graduate MSN Program)
- NUR 534, 535, 536: Family Nurse Practitioner Clinical Faculty (Graduate MSN Program)
- NUR 808: Doctoral Role Synthesis Practicum, Site Preceptor (Ed. D Nursing Program)
- NUR 813: Dissertation Seminar (Ed. D Nursing Program); dissertation chair and second reader.
- Special Project Advisor for Honors, MSN, and Ed. D Programs
- NUR 814: Phase 2 Dissertation Seminar (Ed. D Nursing Program); dissertation chair and second reader.
- NUR 815 Dissertation Advisement II

#### **Goodwin University**

- NUR 363: Clinical Nursing Leadership
- NUR 309: Principles of Pathophysiology

#### **American International College**

- NUR 6530: Pharmacology for Advanced Practice Nurses (online MSN, Family Nurse Practitioner program)

## **Antoinette V. Towle Ed D., MSN, APRN- PNP-BC, SNP-BC, RN**

- NUR 6550: Primary Care Clinical Management: Role of the FNP II: Pediatrics (online MSN, Family Nurse Practitioner program)

### **University of Hartford**

- NUR 625: Theories of Nursing Management (Graduate MSN Program)
- NUR 432: Proactive Leadership, Power, and Change (RN to BSN Program)
- NUR 434: Community Health / Service learning Clinical experience, (RN to BSN Program)
- NUR 433: Community / Public Health, (RN to BSN Program)

### **Sacred Heart University**

- **MSN Preceptor:** NU 691 Nursing Education Role Capstone course. Fall semester 2019; Spring semester 2020
- **NP Faculty Preceptor:** NUR 631: Primary Care III: Advanced Primary Care & Health Promotion of Special Populations. **Spring and Fall 2012.**

### **Special Projects:**

#### **Service Learning Experience:**

- Co coordinate in service learning experience for 8 SCSU Nursing students to Peru. (Fall semester 2019).
- Developed and implemented a service learning experience for 24 SCSU Nursing students to Nicaragua, Community Health Workshops. (Spring break, Sunday March 11 to Friday March 16, 2018).

### **Special Topic: NUR 498 Understanding Global Healthcare Elective**

- Developed and implemented a special topic study abroad course to Jamaica for undergraduate nursing students. (Spring break, March 2014 and 2015; 2 credits)
- Developed and implemented a special topic study abroad course to China for nursing students. (Spring break, March 2016; 2 credits)

**Armenia Nursing Collaborative:** Beginning July 2015, ongoing project to work collaboratively with nurses in Armenia to strengthen and enhance their nursing programs.

- **March 2016: International Strategic Planning Collaborative** includes Southern CT State University, University of Pennsylvania, University of California, American University of Armenia, Armenian American Nursing Association and Children of Armenia Organization. Purpose of the formation of the collaborative is to advance the profession of nursing in Armenia. The goal is to create educational programs to move nursing from a 2-3 year corticated /diploma to a 4-year bachelorette degree in nursing (BSN).

### **Special Project Advisement**

#### **Undergraduate Honor Thesis:**

- **Committee member (May 2014).** A Comparison of Knowledge of Type 2 Diabetes Risk Factors. Sadie Hartell, BSNc.

### **Graduate Program**

- **Advisor (2018).** Key factors identified to improve outcomes of pediatric obesity programs: an integrative review. Katie McMahon-Brown MSNc.
- **Advisor (2016).** Educational evidence-based intervention for clinicians on diagnosing and managing Chronic Hepatitis C in primary care. Dayna Giordano RN MSNc
- **Advisor (2016)** Suicide in Elderly Adults. Christopher M Cruz RN, MSNc

## **Antoinette V. Towle Ed D., MSN, APRN- PNP-BC, SNP-BC, RN**

- **2<sup>nd</sup> Reader (2018).** A Case of Obesity Management, Constructed Case Experience. Ana Mota RN, MSNc
- **2<sup>nd</sup> Reader (2018).** Tobacco Cessation Support for a Heavy Smoker Requesting Surgery. Chaya Sarah Naiditch RN, MSNc.
- **2<sup>nd</sup> Reader (2018).** Constructed Case Study: Dyslipidemia. Jillian Porto RN, MSNc.
- **2<sup>nd</sup> Reader (2015).** Colorectal Cancer Screening Case Study. Jeffrey Curran RN, FNP, MSNc
- **2<sup>nd</sup> Reader (2015).** Addressing the Need for Holistic Care Guidelines in Parkinson's disease Management and Quality of Life: An Integrative Review. Christopher Sullivan RN, MSNc.
- **2<sup>nd</sup> Reader (2015).** HPV Knowledge in Adolescents Pre and Post Educational Program
- Emily Browning RN, MSNc
- **2<sup>nd</sup> Reader (2015).** Educational evidence-based intervention for clinicians on diagnosing and managing Chronic Hepatitis C in primary care. Dayna Giordano RN MSNc
- **2<sup>nd</sup> Reader (2015).** Childhood Immunizations in the Outpatient Primary Care Setting: Three Pediatric Case Studies. Sarah Thomen RN MSNc
- **Advisor (2014).** Oral Health Education for Certified Nursing Assistants in a Long-Term Care Facility. Vanessa Joyce RN, MSN

### **Doctorate Program**

- **Dissertation Advisor (2016-2018)** Nursing students' attitudes towards virtual patient simulation. Mary Nielson Ed. Dc, DNP, APRN.
- **Committee Member (2016-2018)** Exploring the development of empathy in nurse residents. Connie Blake Ed. Dc, MSN, RN.
- **Committee Member (presented, approved on July 27, 2015)** Orientation Learning needs for adjunct faculty. Monica P Sousa Ed. D, ACNS-BC, APRN
- **Dissertation Advisor (2014-present)** Violence: A Public Health Concern. Kimberly D'Esposito Ed. Dc, RN.

### **Research:**

#### **Focus and Main interest:**

- Teaching Millennial Nursing Students: specific areas of study include effective teaching strategies and curriculum redesign, enhancing leadership and business skills, developing effective critical thinking, successful transition into the "real work world" which includes a multitude of healthcare settings beside just the acute care hospital setting.
- Effect of global experiences on nursing practice.
- **Ed.D. Dissertation:** Evaluation of the Effects of a Collaborative Behavior Management Model completed 2007.

### **Publications:**

- Towle, A. (2007). Ed.D. Dissertation: Evaluation of the Effects of a Collaborative Behavior Management Model

### **Peer Reviewed Publications:**

Towle, A. (2020). Chapter 5: Pediatric Patient Case Study. In Maynard & Adimando, *Health Assessment Case Studies for Student Nurses*. Sigma Theta Tau, International Nursing Society.

Towle, A. (2020). Nursing leadership today. *Elite Learning Continuing Education Courses*. Elite Professional Education, LLC. Ormond Beach, FL.

Towle, A. (2020). Leadership skills for success. *Elite Learning Continuing Education Courses*. Elite Professional Education, LLC. Ormond Beach, FL.



**Antoinette V. Towle Ed D., MSN, APRN- PNP-BC, SNP-BC, RN**

- Towle, A. (2020). The economics of leading in healthcare. *Elite Learning Continuing Education Courses*. Elite Professional Education, LLC. Ormond Beach, FL.
- Towle, A. (2020). Managing conflict. *Elite Learning Continuing Education Courses*. Elite Professional Education, LLC. Ormond Beach, FL.
- Towle, A. (2020). School Nurse Guidelines for: Abrasions. In Resha, C. & Taliaferro, V. *Legal Resources for School Health Services*, 2<sup>nd</sup> ed. School Health Alert. Schoolnurse.com
- Towle, A. (2020). School Nurse Guidelines for: Allergies. In Resha, C. & Taliaferro, V. *Legal Resources for School Health Services*, 2nd ed. School Health Alert. Schoolnurse.com
- Towle, A. (2020). School Nurse Guidelines for: Bipolar disorders. In Resha, C. & Taliaferro, V. *Legal Resources for School Health Services*, 2nd ed. School Health Alert. schoolnurse.com
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**Antoinette V. Towle Ed D., MSN, APRN- PNP-BC, SNP-BC, RN**

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### **Non-Peer Reviewed**

- Towle, A. (2015). Safety First: Community Healthcare Provider Home Visit Safety Tips. *CT Center for Patient Safety Newsletter*. October.

**Editorial Board Member:** International Journal of Nursing & Clinical Practices

### **Presentations Given:**

- Towle, A.V. (2019). (Paid Speaker). Wound Ostomy and Continence National Society (WOCN) Conference, Nashville, TN. June 24, 2019. Topic: Effective Leadership Styles.

## **Antoinette V. Towle Ed D., MSN, APRN- PNP-BC, SNP-BC, RN**

Towle, A.V. (Presenter). National School Nurse Certification Review Course, July 12, 2018 8 to 12 noon, presented by The Association of School Nurses of CT in partnership with The Connecticut Chapter of the American Academy of Pediatrics

Towle, A.V. (Presenter) Society for Applied Anthropology (SfAA) 2016 Annual Meeting, "Intersections" Vancouver BC, Canada, March 29-April 2, 2016, Council on Nursing and anthropology (CONAA) session, "Learning Critical thinking skills through Immersion into the Jamaican Culture".

Towle, A.V. (Presenter) Central South University, Changsha China. Xiang-YA Nursing School, March 24, 2016, Podium Presentation "The Nurses Role in the USA Healthcare System"

Towle, A.V. (Presenter) AACN American Association of Colleges of Nursing 2015 Baccalaureate Education Conference November 19-21, 2015, Buena Vista Palace, Orlando, FL Podium Presentation: "Flipping the classroom: Teaching the millennial nursing student".

Towle, A.V. (Presenter) Southern CT State University 2015 Research and Scholarship Research Tapas. November 23, 2015. Presentation Research Agenda: Teaching the millennial nursing student.

Towle, A.V. and Resha, C. (Co-Presenters), Fourth International Medical Congress of Armenia ("4imca") Nursing Symposium: "Stronger Together: Collaboration in Nursing Education." Yerevan, Armenia. (July 2-4, 2015).

Towle, A. V. (Author), Association of Community Health Nursing Educators (ACHNE) Annual Institute: "Teaching Millennial Nursing Students using a Flipped Classroom Pedagogical model". Denver Colorado. (June 4-6, 2015).

Towle, A. V. (Author), SCSU 2015 Teaching Academy Do You Mind? Mindfulness and the Teacher/Scholar: "Teaching Millennial Nursing Students using a Flipped Classroom Pedagogical model" (May 12, 2015).

Towle, A. V. (Faculty Advisor), Student Workforce Development Conference. "China: Exploring the healthcare system in Changsha China and the role of the nurse. Connecticut Association of Public Health Nurses (CAPHN), Monticello's Restaurant, Meriden CT. (April 14, 2016),

Towle, A. V. (Faculty Advisor), Student Workforce Development Conference. "Lessons learned: What healthcare professionals need to consider when caring for patients of Jamaican decent." Connecticut Association of Public Health Nurses (CAPHN), Monticello's Restaurant, Meriden CT. (April 23, 2015),

Towle, A. V. (Faculty Advisor), Student Workforce Development Conference, "The Lived Experience; The place that changed us!" Connecticut Association of Public Health Nurses (CAPHN), Quinnipiac University School of Nursing Hamden CT. (April 14, 2014)

Towle, A. V. (Poster), Leading the Change: Connecticut Nurses in Action, "Building Trust, Breaking Barriers and Promoting Empowerment: Requirements for Successful Community Health Outcomes". Connecticut Nurses Association, Cromwell, CT. (October 18, 2012).

Towle, A. V. (Presenter), 72th annual Meeting, and Conference Theme: Bays, Boundaries and Borders. "Building Trust, Breaking Barriers and Promoting Empowerment: Requirements for Successful Community Health Outcomes". Society for Applied Anthropology (SfAA), Baltimore Maryland. (March 28, 2012).

## **Antoinette V. Towle Ed D., MSN, APRN- PNP-BC, SNP-BC, RN**

Towle, A. V. (Poster), Nuts and Bolts for Nurse Educators, "Building Trust, Breaking Barriers and Promoting Empowerment: Requirements for Successful Community Health Outcomes". Nurse Tim Inc. Workshops, Phoenix AR. (February 2, 2012).

### **PEER-REVIEWER**

#### **International Journal of Nursing and Clinical Practice, Graphy Publications**

- Enhancing Nurse Leadership Capacity in Resource Limited Countries Reviewed 8/7/2016

#### **Journal of School Nursing. National Association of School Nurses**

- Flipping the Nursing Classroom: Where active learning meets technology Reviewed Chapter 1: Why Flip the Nursing Classroom? Chapter 2: Evidence-based Nursing Pedagogy: Show me the Research! Reviewed 7/2015

#### **Nurse Education in Practice. Elsevier Editorial**

- **Manuscript Number: Ref: NEP-2018-464:** Title: Perceptions of nurse preceptors of students and new graduates with learning difficulties and their willingness to precept them in clinical practice (Part 2) 7/1/2018.
- **Manuscript Number: Ref: NEP-2018-170:** Title: Qualitative evaluation of a postgraduate course in mental health nursing 5/2/2018.
- **Manuscript Number: NEP-D-16-00175:** Title: Assessment of undergraduate nursing students from an Irish perspective: Decisions and dilemmas? 4/24/2017.
- **Manuscript Number: NEP-2017-19:** Title: Closing the gap: a whole of school approach to Aboriginal and Torres Strait Islander inclusivity in higher education 3/13/2017.
- **Manuscript Number: NEP-D-16-00209:** Title: Learning to learn: An evaluation of a flipped classroom approach in undergraduate mental health nursing. Reviewed 8/8/2016.
- **Manuscript Number: NEP-D-16-00214:** "Examination of a Therapeutic-Recreation based Clinical Placement for Undergraduate Nursing Students: A Self-Determined Perspective" Reviewed 8/8/2016.
- **Manuscript Number: NEP-D-15-00280:** Title: Learning about the development and management of evidence based practice in social and healthcare settings: experiences of master degree students. Reviewed 3/2/2016.
- **Manuscript Number: NEP-D-15-00238:** Title: An investigation into the factors that may contribute toward student nurses' mathematical ability: A Quantitative Study. Reviewed 12/3/2015.
- **Manuscript Number: NEP-D-15-00172:** Title: A mixed methods study exploring sign-off mentorship practices in relation to the nursing, midwifery council (NMC) standards. Reviewed 10/2015.
- **Manuscript Number: NEP-D-15-00170:** Title: Developing confidence in mental health students to recognize and manage physical health problems using learning intervention. Reviewed 9/2015.

#### **Journal Reviewer, International Journal of Emergency Mental Health (July 2016-Present).**

- **Manuscript Number: IJEMH-18-23** The effect of pre-competitive anxiety on coping strategies used by U15 elite footballers affiliated in the training sector centers of the Tunisian Football Federation. Reviewed 7/21/2018.
- **Manuscript Number: IJEMH-18-24** Re-experiencing 9/11-related PTSD symptoms following exposure to Hurricane Sandy Reviewed 7/21/2018.
- **Manuscript Number: IJEMH-18-15** Childhood Adversity and Factors Determining Resilience among Undergraduate Students. Reviewed 5/20/2018.
- **Manuscript Number: IJEMH-18-16** An Inquiry into teachers' perception of at risk students in Jamaica: A phenomenological approach Reviewed 5/17/2018.

## **Antoinette V. Towle Ed D., MSN, APRN- PNP-BC, SNP-BC, RN**

- **Manuscript Number:** IJEMH-18-18 Therapeutic Reprocessing of Association of Memories (TRAM) Reviewed 5/17/2018.
- **Manuscript Number:** IJEMH-17-12 Extending or extinguishing the lights? From swarms of affects to streams of affects. 3/31/2017.
- **Manuscript Number:** Assessment the nurse's performance in providing care to patients undergoing chest tubes in Suez Canal University Hospital. Reviewed 7/2016

**Journal Reviewer:** Lippincott's Transcultural BSN Case Studies: Wolters Klumer Reviewed 7/2015.

### **SERVICE**

#### **Department / School Service**

- **Department Evaluation Committee (DEC):** 2017-2018 member; 2019 – present chair
- **BSN Program & Curriculum Committee** (2012 - present).
- **Department Personnel Committee (DPC) Committee Member** (2015-2018)
- **ACE/RN Program & Curriculum Committee Member** (2012-2020)
- **Faculty Advisor National Student Nurse Association** (2013 – 2018)
  - Attended National Student Nurse Association National Conference, Charlotte North Carolina April 2013 with student elect board members
  - Attended National Student Nurse Association National Conference, Nashville Tennessee April 2014 with student elect board members
- **Faculty Search Committee** (2013 – 2014; 2016)
- **MSN Committee Member** (2012-2013; 2016-2019)
- **Sigma Theta Tau International (STTI), Mu Beta Chapter**, president (2014 – 2018; 2019 – present treasurer).
- **Nursing Delegate:** SCSU President's Dr. Mary Papazian, Dean Sandra Bulmer, Director International Education Erin Heidkamp, Nursing Professors Cheryl Resha and Antoinette Towle, traveled to Armenia to collaborate, research and plan to work together to build a variety of programs and/or courses specifically designed to meet the needs of nursing professionals in Armenia. (June 29-July 6, 2015).
- **Ed. D Program Residency (August 20, 2015):** Faculty Advisement: Dissertation roundtable / discussion
- **SCSU University Committees**
  - **Academic Standing**, committee member, elected 2013 (3-year term)
  - **Global Education Advisory Committee** – appointed (2014-present)
  - **SCSU Faculty Senate** elected 3 years (2015-present)

#### **National Service**

- **Advisory Committee: ANA's Professional Issues Panel - Barriers to RN Scope of Practice** (2014-2017)

#### **Public Service**

- **Yale New Haven Hospital UHC/AACN Nurse Residency Program - Resident Facilitator** (August 2015-2017)
- **Board Member, the Waterbury ARC, Waterbury, CT.** (April 2012 - 2018).

## PHONE CALLS/SCOPE OF PRACTICE QUESTIONS SUMMARY – MONTH: December 2020 (32 calls)

Answered with or without written documents

### APRNs 8 calls:

- 2-Request information on collaborative practice agreements. *Refer to the Department website, Practitioner Licensing and APRN Collaborative Agreements.*
- 4-Request a copy of the APRN scope of practice. *Refer to the Board of Examiners for Nursing (BOEN) website and the Connecticut (CT) Nurse Practice Act (NPA).*
- Can an APRN certified in one practice area, practice in a “new” area with education, verification of competency and a collaborative agreement with a CT licensed physician in the “new” practice area? *Yes.*
- Request information on telehealth services (provided by an APRN). *Refer to Connecticut General Statutes, Chapter 368ll, Section 19a-906.*

### RNs 10 calls:

- 4-Request a copy of the RN scope of practice. *Refer to the BOEN website and the CT NPA.*
- Does the CT NPA address the frequency of oversight by the RN and/or APRN of the LPN in a home health care setting? *No, refer to the Supervisor for Home Health in the Facility Licensing & Investigations Section (FLIS).*
- 2-RN requesting an update on license renewal application. *Refer to the Department’s licensing unit (provided e-mail address).*
- 3-RN requesting information on licensure re-instatement process. *Refer to the Department website and reinstatement information and to the Department’s licensing unit (provided e-mail address).*

### LPNs 6 calls:

- 2-Request a copy of the LPN scope of practice. *Refer to the BOEN website and the CT NPA.*
- 2-LPN requesting an update on license renewal application. *Refer to the Department’s licensing unit (provided e-mail address).*
- LPN requesting information on licensure reinstatement process. *Refer to the Department website and reinstatement information and to the Department’s licensing unit (provided e-mail address).*
- Request information about LPN refresher courses including placement for “clinical experiences”. *Refer to the BOEN website, approved practical nursing education programs and LPN Refresher then contact the program for a discussion of the placement for the clinical experiences.*

### ULAP No calls.

### Schools No calls.

**Guidelines/Other 8 calls:**

- Request information on Medical Protocols. *Refer to the BOEN website, refer to Declaratory Rulings/Guidelines and "Guidelines for use of Medical Protocols".*
- 4-In the process of setting up a Medical Spa requesting guidance. *Refer to the Medical Spa Statute, Connecticut General Statutes, Chapter 368ll, Section 19a-903 c.*
- 3-Request information on Certified Nursing Assistant programs in CT. *Refer to Department staff who works with the CNA programs in CT (provide e-mail address).*



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

Jasmine Quinones, L.P.N.  
License No. 034143

Petition No. 2018-1406

**MEMORANDUM OF DECISION**

**I**

***Procedural Background***

On July 12, 2019, 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 Jasmine Quinones ("Respondent") violated Chapter 378 of the Connecticut General Statutes ("Conn. Gen. Stat."), thereby subjecting Respondent's licensed practical nurse ("L.P.N.") license no. 034143 to disciplinary action pursuant to Conn. Gen. Stat. §§ 20-99(b)(4) and 20-99(b)(5).

On July 17, 2019, the Department filed a Motion for Summary Suspension Order ("Summary Suspension Order") with the Board. Bd. Ex. 2. Based on the allegations in the Charges, the Board found that Respondent's continued nursing practice presented a clear and immediate danger to public health and safety. On that same date, pursuant to Conn. Gen. Stat. §§ 4-182(c) and 19a-17(c), the Board ordered that Respondent's L.P.N. license be summarily suspended pending a final determination by the Board of the allegations contained in the Charges. *Id.*

On July 18, 2019, the Department mailed the Charges, Notice of Hearing ("Notice"), and Summary Suspension Order via certified and first-class mail to Respondent's address of record at 47 Denison Road, Middletown, CT 06457 and by email to Respondent's email address (jasmineyqs@gmail.com). Bd. Ex. 3. On that same date, the Department mailed the Charges, Notice, and Summary Suspension Order to a State Marshal in order to effectuate service to Respondent at her address of record. *Id.* On August 1, 2019, the State Marshal served Respondent in person at her usual place of abode, 47 Denison Road, Middletown, CT 06457. *Id.* The Notice indicated that a hearing was scheduled for August 14, 2019. *Id.*

On August 13, 2019, Respondent emailed the Board, requesting a postponement of the August 14, 2019 hearing. Without objection from the Department, a continuance was granted. The Board rescheduled the hearing to October 16, 2019. Bd. Ex. 4.

On October 9, 2019, Respondent emailed the Board, requesting a postponement of the October 16, 2019 hearing. Respondent requested this continuance to allow her time to retain legal counsel. Bd. Ex. 5. Without objection from the Department, the Board granted Respondent's second continuance request. The Board rescheduled the hearing to December 18, 2019. *Id.*

On December 16, 2019, Respondent emailed the Board, requesting a postponement of the December 18, 2019 hearing. Respondent indicated she would be representing herself at the hearing and she needed time to adequately prepare. Without objection from the Department, the Board granted Respondent's third continuance request. The Board rescheduled the hearing to February 19, 2020. Bd. Ex. 6.

On February 19, 2020, the Board convened the hearing. Respondent was present at the hearing and was self-represented. Transcript ("Tr.") p. 2. Attorney Joelle Newton represented the Department. Tr. p. 2.

Given that Respondent had not filed an Answer to the Charges, Respondent answered the Charges orally on the record. Tr. pp. 5-6. Respondent admitted all of the Charges. *Id.*

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

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

## II

### *Allegations*

1. In paragraph 1 of the Charges, the Department alleges that Respondent, of Middletown, Connecticut, is, and has been at all times, as referenced in the Charges, the holder of Connecticut L.P.N. license number 034143.
2. In paragraph 2 of the Charges, the Department alleges that on one or more occasions in 2018 and/or January 2019, Respondent abused or utilized cannabis and/or cocaine and/or heroin and/or opioids and/or alcohol.
3. In paragraph 3 of the Charges, the Department alleges that in November 2018, Respondent was diagnosed with opioid use disorder, severe, cocaine use disorder, severe, and cannabis use disorder, mild ("diagnoses").

4. In paragraph 4 of the Charges, the Department alleges that Respondent's diagnoses and/or abuse and/or excessive use of cannabis and/or cocaine and/or heroin and/or opioids and/or alcohol does, and/or may, affect her practice of nursing.
5. In paragraph 5 of the Charges, the Department alleges that the above facts constitute grounds for disciplinary action pursuant to Conn. Gen. Stat. §§ 20-99(b)(4) and/or 20-99(b)(5).

### III

#### *Findings of Fact*

1. Respondent, a resident of Middletown, Connecticut, is, and has been at all times, as referenced in the Charges, the holder of Connecticut L.P.N. license number 034143. Tr. p. 5.
2. On one or more occasions in 2018 and/or January 2019, Respondent abused or utilized cannabis and/or cocaine and/or heroin and/or opioids and/or alcohol. Tr. p. 5; Department ("Dept.") Ex. 1, pp. 2, 3, 17-18 (under seal); Dept. Ex. 2, pp. 2, 13, 17-18, 22 (under seal); Dept. Ex. 3, pp. 2-3, 5, 7-8 (under seal); and Dept. Ex. 4 (under seal).
3. In June 2018, Respondent began using heroin after friend introduced her to the drug. Respondent's heroin use began with half a bag and then increased to two bundles a day, multiple times a week. Respondent's use of heroin steadily increased until she sought detox treatment in August 2018. Dept. Ex. 1, pp. 2, 17 (under seal); Dept. Ex. 2, p. 13 (under seal).
4. In June 2018, Respondent also began smoking crack cocaine. Dept. Ex. 1, pp. 17-18 (under seal).
5. In August 2018, Respondent entered in-patient detox treatment. Two weeks following Respondent's discharge from detox treatment, Respondent suffered a relapse and began snorting cocaine. Dept. Ex. 1, pp. 2, 3 (under seal); Dept. Ex. 2, p. 3 (under seal).
6. From September to November 2018, Respondent used 20 bags of heroin on a daily basis. Within this time frame, there were periods when Respondent binged on crack cocaine on a daily basis, using approximately \$100 worth of the drug each day. During this same time frame, when Respondent was not binging, she used crack cocaine approximately 15 times per month. Dept. Ex. 1, p. 2 (under seal); Dept. Ex. 2, p. 3 (under seal).
7. On November 22, 2018, Respondent used approximately \$100 worth of crack cocaine. Dept. Ex. 2, p. 3 (under seal).
8. On November 23, 2018, Respondent entered detox treatment for substance abuse for a second time. Dept. Ex. 1, pp. 2, 17-18, 22 (under seal); Dept. Ex. 2, p. 3 (under seal).

9. On November 28, 2018, Respondent completed detox treatment and entered a partial hospitalization program (“PHP”) for continued treatment of her substance abuse disorder. Dept. Ex. 1, pp. 2, 17-18, 22 (under seal); Dept. Ex. 2, p. 3 (under seal); Dept. Ex. 3, pp. 2, 5, 7, 8 (under seal); Dept. Ex. 4 (under seal).
10. As of November 2018, Respondent was diagnosed with severe opioid use disorder, severe cocaine use disorder, mild cannabis use disorder, and adjustment disorder with depression. Tr. p. 6; Dept. Ex. 2, pp. 2, 4, 6 (under seal).
11. In 2008, Respondent was diagnosed with anxiety which is controllable with prescribed medication. Dept. Ex. 2, pp. 13-14 (under seal).
12. On December 9, 2018, while still in treatment, Respondent relapsed and used cocaine. On December 18, 2018, Respondent used ten bags of heroin. Dept. Ex. 1, p. 2 (under seal).
13. During 2018, Respondent also used cannabis. Dept. Ex. 1, pp. 15, 18 (under seal).
14. On December 31, 2018, Respondent used heroin. Dept. Ex. 3, pp. 2-3 (under seal); Dept. Ex. 4 (under seal).
15. In January 2019, Respondent tested positive for marijuana metabolites. Dept. Ex. 1, p. 15 (under seal).
16. Respondent’s diagnoses and/or abuse and/or excessive use of cannabis and/or cocaine and/or heroin and/or opioids and/or alcohol does, and/or may, affect her practice of nursing. Tr. p. 6; Dept. Ex. 1, pp. 17-18, 22 (under seal).

#### 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, 739-40 (2013).

The Department sustained its burden of proof as to all of the allegations contained in the Charges.

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

(a) The Board . . . shall have jurisdiction to hear all charges of conduct which fails to conform to the accepted standards of the nursing profession brought against persons licensed to practice nursing. After holding a hearing . . . said board, if it finds such person to be guilty, may revoke or suspend his or her license or take any of the actions set forth in section 19a-17. . . .

(b) Conduct which fails to conform to the accepted standards of the nursing profession includes, but is not limited to, the following: . . . (4) emotional disorder or mental illness; (5) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; . . .

Respondent admitted to all of the allegations contained in the Charges. Thus, the Board finds that with respect to the allegations contained in the Charges, the Department sustained its burden of proof by a preponderance of the evidence. Findings of Fact (“FF”) 1-16. The Department sustained its burden of proof through the Department’s investigative record, Respondent’s medical treatment records, and Respondent’s oral admissions under oath.

The record establishes that on one or more occasions in 2018 and/or January 2019, Respondent abused or utilized cannabis and/or cocaine and/or heroin and/or opioids and/or alcohol. FF 2.

With respect to the allegations in the Charges, the record establishes that in June 2018, a friend introduced Respondent to heroin, and she began using the drug. Respondent’s use started with half a bag and then increased to two bundles a day, multiple times a week. Respondent’s use of heroin steadily increased until she sought detox treatment in August 2018. FF 3. In June 2018, Respondent also started smoking crack cocaine. FF 4. In August 2018, Respondent entered in-patient detox treatment. Two weeks following Respondent’s discharge from detox treatment, Respondent suffered a relapse and began snorting cocaine. FF 5.

From September to November 2018, Respondent used 20 bags of heroin on a daily basis. Within this time frame, there were periods when Respondent binged on crack cocaine on a daily basis, using approximately \$100 worth of the drug each day. During this same time frame, when Respondent was not binging,, she used crack cocaine approximately 15 times per month. FF 6.

On November 22, 2018, Respondent used approximately \$100 worth of crack cocaine. FF 7. On November 23, 2018, Respondent entered detox treatment for substance abuse for a second time. FF 8. On November 28, 2018, Respondent completed detox treatment and entered a partial hospitalization program (“PHP”) for continued treatment of her substance abuse disorder. FF 9. As of November 2018, Respondent was diagnosed with severe opioid use disorder, severe cocaine use disorder, mild cannabis use disorder, and adjustment disorder with depression. FF 10. In addition, in 2008 Respondent was diagnosed with anxiety which is controllable with prescribed medication. FF 11. On December 9, 2018, while still in treatment, Respondent relapsed and used cocaine. On December 18, 2018, Respondent used ten bags of

heroin. FF 12. During 2018, Respondent also used cannabis. FF 13. On December 31, 2018, Respondent used heroin. FF 14.

In January 2019, Respondent tested positive for marijuana metabolites. FF 15. Respondent's diagnoses and/or abuse and/or excessive use of cannabis and/or cocaine and/or heroin and/or opioids and/or alcohol does, and/or may, affect her practice of nursing. FF 16.

At the hearing, Respondent credibly testified that she has been sober for over 14 months (Tr. p. 10) and that she is fully engaged in her recovery and sobriety. Tr. pp. 19-20 (under seal). She also attends support group meetings and participates in group therapy. Tr. pp. 13-14.

Based on the foregoing, the Board finds that the Department has established by a preponderance of the evidence that the conduct admitted, in conjunction with the Department sustaining its burden of proof, renders Respondent's license subject to sanctions, including, among other sanctions, revocation, suspension or probation. *See*, Conn. Gen. Stat. §§ 19a-17(a)(1), (2) and (5).

## V

### *Order*

Based on the record in this case, the above findings of fact and conclusions of law, the Board hereby orders with respect to Respondent's license number 034143, as follows:

1. Respondent's L.P.N. license shall be suspended for a period of six months. The commencement of the suspension of Respondent's license shall be effective retroactively, commencing on August 1, 2020. The suspension of Respondent's license shall end on January 31, 2021. All three originals of Respondent's license shall be provided to the Department within ten days of the effective date of this Order.
2. On February 1 2021, following the suspension of Respondent's L.P.N. license, Respondent's license shall be placed on probation for a period of four years under the following terms and conditions. If any of the conditions of probation are not met, Respondent's L.P.N. license may be subject to disciplinary action pursuant to Conn. Gen. Stat. § 19a-17.
  - A. During the period of probation, the Department shall pre-approve Respondent's employment and/or change of employment within the nursing profession.

- B. During the period of probation, 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. In addition, Respondent shall not be self-employed as a nurse during the probationary period.
- C. Respondent shall provide a copy of this Decision to any and all employers if employed as a nurse during the probationary period. The Department shall be notified in writing by any employer(s) within 30 days of the commencement of Respondent's employment, verifying that a copy of this Decision has been received.
- D. Respondent shall not administer, count, or have access to controlled substances, or have responsibility for such activities in the course of her 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 period. Employer reports shall be submitted commencing with the report due on the first business day of the month following employment as a nurse. Employer reports shall be submitted at least monthly for the first and fourth years of the probationary period and at least quarterly for the second and third years of the probationary period.
- 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 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 probationary period. Additionally, Respondent shall participate in an AA/NA substance abuse support groups at least eight to ten times per month for the entire probationary period and, Respondent shall submit to the Department written documentation of her participation and/or attendance.
- J. Respondent shall provide a copy of this Decision to her clinical therapist. Respondent's therapist shall notify the Department in writing, within 30 days of the effective date of this Decision, regarding her/his 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. Therapy reports shall be submitted at least monthly for the first and fourth years of the probationary period and at least quarterly for the second and third years of the probationary period.
- L. The therapy 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 Respondent's ability to practice nursing safely and competently. Therapy reports shall be submitted directly to the Department at the address cited in Paragraph Q below.
- M. Respondent's submission to mandatory, observed random urine screens shall be as follows:
  - (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) is (are) no longer prescribed.

The reports shall include the following:

- a. A list of controlled substances prescribed by the provider;
- b. A list of controlled substance(s) prescribed by other providers;
- c. An evaluation of Respondent's need for the controlled substance; and
- d. An assessment of Respondent's continued need for the controlled substance(s).

- (3) There must be at least one such observed, random alcohol/drug screen on a weekly basis during the first and fourth years of the probationary period and at least twice a month 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, excluding the drug(s) that Respondent's providers prescribe. All urine screens for alcohol will be tested for Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS) metabolites. All positive screen results shall be confirmed by the Gas Chromatograph Mass Spectrometer (GC/MS) testing method. Chain of custody documentation must accompany all laboratory reports and/or the laboratory reports must indicate that chain of custody procedures have been followed.
- (5) Random alcohol/drug screens must include testing for the following substances:

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

- (6) Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department, at the address cited in Paragraph 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. Likewise, 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 should be avoided during the probationary period. Likewise, mouthwash, over the counter cough suppressants, and cold/flu remedies should be avoided during the probationary period. In the event a drug/alcohol screen is positive for opiates/morphine and/or alcohol, the ingestion of poppy seeds and/or the use of mouthwash, and/or over the counter cough suppressants, and/or cold/flu remedies shall not constitute a defense to such a 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:

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

- 3. 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 L.P.N. 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. Respondent's address of record is the most current address reported by Respondent to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.

4. This document has no bearing on any criminal liability without the written consent of the Director of Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

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

The Board hereby informs Respondent, Jasmine Quinones, and the Department of this decision.

Dated at Hartford, Connecticut this \_\_\_\_\_ day of January 2021.

BOARD OF EXAMINERS FOR NURSING

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

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

Sara Smith, R.N.  
License No. 122048

Petition No. 2020-373

**MEMORANDUM OF DECISION**

**I**

***Procedural Background***

On April 30, 2020, 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 Sara Smith ("Respondent") violated Chapter 378 of the Connecticut General Statutes ("Conn. Gen. Stat."), subjecting Respondent's registered nurse ("R.N.") license number 122048 to disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-99(b).

On April 30, 2020, the Department also filed a Motion for Summary Suspension Order ("Motion") with the Board. Bd. Ex. 4. The Motion alleged that Respondent's continued nursing practice presented a clear and immediate danger to public health and safety. *Id.*

On May 18, 2020, Respondent's legal counsel filed an Objection to Petition for Summary Suspension. Bd. Ex. 3.

The Board considered the Department's Motion. Based on the allegations in the Charges, the Board found that Respondent's continued nursing practice presented a clear and immediate danger to public health and safety. On May 20, 2020, pursuant to Conn. Gen. Stat. §§ 4-182 (c) and 19a-17(c), the Board granted the Department's Motion and denied the Respondent's Objection thereto. The Board ordered that Respondent's R.N. license be summarily suspended, pending a final determination by the Board of the allegations contained in the Charges ("Summary Suspension Order"). Bd. Ex. 4.

On May 22, 2020, the Department mailed the Charges, Notice of Hearing ("Notice"), and Summary Suspension Order by certified and first-class mail to Respondent's legal counsel at 100 Pearl Street, Hartford, CT 06103 and by email to Respondent's counsel's email address at cguarnieribpslawyers.com. Bd. Ex. 5. The Notice stated that a hearing was scheduled for June 17, 2020. *Id.*

On June 17, 2020, the Board convened the hearing. Respondent was present at the hearing with her legal counsel, Attorney Cody Guarnieri. Transcript (“Tr.”) p. 2. Attorney Joelle Newton represented the Department. *Id.*

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

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

## II

### *Allegations*

1. In paragraph 1 of the Charges, the Department alleges that Respondent of Shelton, Connecticut is, and has been at all times, as referenced in the Charges, the holder of Connecticut R.N. license number 122048.
2. In paragraph 2 of the Charges, the Department alleges that on September 18, 2019, the Board ordered a Consent Order in Petition No. 2020-443 (“Consent Order”) based upon Respondent’s abuse of controlled substances. The Consent Order placed Respondent’s license on probation for four years and required her, in part, to submit to random urine screens which shall be negative for the presence of drugs and alcohol.
3. In paragraph 3 of the Charges, the Department alleges that on or about March 3, 2020, Respondent tested positive for and/or abused or utilized oxymorphone and/or propoxyphene to excess.
4. In paragraph 4 of the Charges, the Department alleges that on or about April 14, 2020, Respondent tested positive for and/or abused or utilized oxymorphone and/or oxycodone to excess.
5. In paragraph 5 of the Charges, the Department alleges that Respondent’s conduct as described constitutes violations of the terms of probation required by the Consent Order and subjects her license to revocation or disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-99(b), including, but not limited to, §§ 20-99(b)(2) and/or 20-99(b)(5).

### III

#### *Findings of Fact*

1. Respondent, of Shelton, Connecticut is, and has been at all times, as referenced in the Charges, the holder of Connecticut R.N. license number 122048. Bd. Ex. 1, 2.
2. On September 18, 2019, the Board issued a Consent Order in Petition No. 2020-443 based upon Respondent's abuse of controlled substances. The Consent Order placed Respondent's license on probation for four years and required her, in part, to submit to random urine screens which were required to be negative for the presence of drugs and alcohol. Bd. Ex. 1, 2; Department ("Dept.") Ex. 1, pp. 4-14.
3. On March 3, 2020, Respondent tested positive for and/or abused or utilized oxymorphone and/or propoxyphene to excess. Bd. Ex. 2; Bd. Ex. 3; Dept. Ex. 1, pp. 2-3 (under seal)
4. On April 14, 2020, Respondent tested positive for and/or abused or utilized oxymorphone to excess. Bd. Ex. 2; Bd. Ex. 3; Dept. Ex. 1, p. 18; Tr. pp. 10.
5. There is insufficient evidence in the record to establish by a preponderance of the evidence that Respondent's conduct constituted illegal conduct, incompetence, or negligence in carrying out usual nursing functions.

### 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.

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: . . . (2) illegal conduct, incompetence or negligence in carrying out usual nursing functions; . . . (5) abuse or excessive use of drugs, including alcohol, narcotics or chemicals; . . .

Respondent admitted to all of the allegations contained in the Charges, except the allegation in paragraph 5.<sup>1</sup> Thus, the Board finds that with respect to the allegations contained in paragraphs 1 through four, inclusive, of the Charges, the Department sustained its burden of proof by a preponderance of the evidence. Findings of Fact (“FF”) 1-4. However, the Board finds that the Department did not sustain its burden of proof by a preponderance of the evidence in demonstrating that Respondent’s conduct constituted illegal conduct, incompetence or negligence in carrying out usual nursing functions as outlined in Conn. Gen. Stat. § 20-99(b)(2).

With respect to the allegations contained in paragraphs 2 and 3 of the Charges, the Department sustained its burden of proof through the Department’s investigative report and Respondent’s medical records and therapy reports.

The record establishes that on September 18, 2019, the Board issued a Consent Order in Petition No. 2020-443 based upon Respondent’s abuse of controlled substances. The Consent Order placed Respondent’s license on probation for four years and mandated her, in part, to submit to random urine screens which were required to be negative for the presence of drugs and alcohol. FF 2.

Subsequently, Respondent suffered a relapse in her recovery. On March 3, 2020, Respondent tested positive for the use and/or abuse of oxymorphone and/or propoxyphene to excess (FF 3). On April 14, 2020, Respondent tested positive for the use and/or abuse of oxymorphone to excess. FF 4.

Based on the foregoing, the Board finds that the Department has established by a preponderance of the evidence that the conduct admitted, in conjunction with the Department’s sustaining of its burden of proof, renders Respondent’s license subject to sanctions, including, among others, revocation, suspension, or probation. *See*, Conn. Gen. Stat. §§ 19a-17(a)(1), (2) and (5). Therefore, such conduct that is admitted as true is sufficient grounds on which to impose disciplinary action on Respondent’s license pursuant to Conn. Gen. Stat. § 20-99(b)(5). FF 1-4. However, there is insufficient evidence in the record to establish by a preponderance of the evidence that Respondent’s conduct constituted illegal conduct, incompetence, or negligence in carrying out usual nursing functions pursuant to Conn. Gen. Stat. § 20-99(b)(2). FF 5.

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<sup>1</sup> In paragraph 5 of Respondent’s Answer, Respondent’s Attorney inadvertently made a typographical error and referred to paragraph 4 in the Charges, when clearly he meant to type paragraph 5 of the Charges. It is clear from the language of paragraph 5 of Respondent’s Answer that Respondent is referring to paragraph 5 of the Charges, *i.e.*, it is clear that Respondent is denying that her use of the drugs affected her ability to carry out her nursing duties.

The Board finds that Respondent is able to resume her practice and that she is able to practice safely and competently under the conditions of the Order below.

V

*Order*

The terms and conditions of the following Order supersede and replace the terms and conditions of the September 18, 2019 Consent Order in Petition No. 2020-443 in its entirety. Based on the record in this case, the above findings of fact, and the conclusions of law, the Board hereby orders with respect to Respondent's R.N. license number 122048 all of the following:

1. Respondent's license shall be on probation for a period of four years, under the following terms and conditions. If any of the conditions of probation are not met, Respondent's R.N. 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 during the probationary period.
  - C. Respondent shall provide a copy of this Decision to any and all employers if employed as a nurse during the probationary period. The Department shall be notified in writing by any employer(s), within 30 days of the commencement of employment, as to receipt of a copy of this Decision.
  - D. Respondent shall not administer, count, or have access to controlled substances, or have responsibility for such activities in the course of 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 period. Employer reports shall be submitted commencing with the report due on the first business day of the month following employment as a nurse. Employer reports shall be submitted at least monthly for the first and fourth years of the



probationary period and at least quarterly for the second and third years of the probationary period.

- 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 Decision to the educational institution or, if not an institution, to Respondent's instructor. Such institution or instructor shall notify the Department in writing, verifying 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 and/or psychiatrist, approved by the Department, during the entire probationary period. Additionally, Respondent shall participate in AA/NA substance abuse support groups at least eight to ten times a month for the entire probationary period and shall submit to the Department written documentation of her participation and/or attendance.
- J. Respondent shall provide a copy of this Decision to her clinical therapist. Respondent's therapist shall notify the Department in writing, within 30 days of the effective date of this Decision, regarding her/his 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. Therapy reports shall be submitted at least monthly for the first and fourth years of the probationary period and at least quarterly for the second and third years of the probationary period.
- L. The therapy reports cited in Paragraph K above shall include documentation of dates of treatment and an evaluation of Respondent's progress, including

Respondent's alcohol and drug free status and her ability to practice nursing safely and competently. Therapy reports shall be submitted directly to the Department at the address cited in Paragraph Q below.

- M. Respondent must submit to observed random urine screens as follows:
- (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) prescribed for more than two consecutive weeks, Respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports to the Department until such time as the controlled substance(s) is (are) no longer prescribed. The reports shall include the following:
    - a. A list of controlled substances prescribed by this provider;
    - b. A list of controlled substances prescribed by other providers;
    - c. An evaluation of Respondent's need for the controlled substance; and
    - d. An assessment of Respondent's continued need for the controlled substances.
  - (3) There must be at least one such observed, random alcohol/drug screen on a weekly basis during the first and fourth years of the probationary period and at least twice a month 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, excluding the drugs that Respondent's providers prescribe. All urine screens for alcohol will be tested for Ethyl Glucuronide (EtG) and Ethyl Sulfate (EtS) metabolites. All positive screen results shall be confirmed by the Gas Chromatograph Mass Spectrometer (GC/MS)

testing method. Chain of custody documentation must accompany all laboratory reports and/or the laboratory reports must indicate that chain of custody procedures have been followed.

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

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

- (6) Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department at the address cited in Paragraph 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 and 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:

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

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

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

The Board hereby informs Respondent, Sara Smith, and the Department of this decision.

Dated at Hartford, Connecticut this 20th day of January 2021.

BOARD OF EXAMINERS FOR NURSING

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

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

Cynthia Riley, L.P.N.  
License No. 040307

Petition No. 2019-1131

**MEMORANDUM OF DECISION**

**I**

***Procedural Background***

On October 30, 2019, 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 Cynthia Riley ("Respondent") violated Chapter 378 of the General Statutes of Connecticut ("Conn. Gen. Stat."), subjecting Respondent's licensed practical nurse ("L.P.N.") license, license number 040307, to disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-99(b)(2).

On November 20, 2019, the Department filed a Motion for Summary Suspension Order ("Motion") with the Board. Bd. Ex. 2. On that date, the Board considered the Motion. Based on the allegations in the Charges, the Board found that Respondent's continued nursing practice presented a clear and immediate danger to public health and safety. Accordingly, pursuant to Conn. Gen. Stat. §§ 4-182(c) and 19a-17(c), the Board ordered that Respondent's L.P.N. license be summarily suspended pending a final determination by the Board of the allegations contained in the Charges ("Summary Suspension Order"). *Id.*

On November 20, 2019, the Department mailed the Charges, Notice of Hearing ("Notice"), and Summary Suspension Order by certified and first-class mail to Respondent's address of record at 534 Plainfield Pike, Plainfield, CT 06374 and by email to Respondent's email address (criley2@mwcc.edu). Bd. Ex. 4. On that same date, the Department mailed the Charges, Notice, and Summary Suspension Order to a State Marshal for service to Respondent at her address of record. *Id.* On December 3, 2019, the State Marshal returned the documents, stating that Respondent no longer lived at 534 Plainfield Pike, Plainfield, CT 06374. Service was not completed. *Id.*

On November 22, 2019, the Department mailed the charges, Notice, and Summary Suspension Order to 170R Lancaster Street, Leominster, MA 01453. This was another address for Respondent that the Department had obtained. Bd. Ex. 4. On December 17, 2019, the

certified mailing was returned to the Department, stamped “return to sender,” “unclaimed,” and “unable to forward.” *Id.*

On December 11, 2019, Respondent emailed the Department requesting a postponement of the hearing which was scheduled for December 18, 2019. She requested the postponement in order to retain legal counsel. Bd. Ex.5. Without objection from the Department, Respondent’s request for a continuance was granted. *Id.* The hearing was continued to February 19, 2020. The Summary Suspension Order remained in effect. *Id.*

On January 30, 2020, Attorney John D’Ambrosio of Cowdery & Murphy, LLC, filed his letter of representation along with Respondent’s Amended Answer. Bd. Ex. 6.

On February 19, 2020, the Board convened the hearing. Respondent was present at the hearing and was represented by counsel. Tr. p. 2. Attorney Diane Wilan represented the Department. *Id.*

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

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

## II *Allegations*

### Count One

1. In paragraph 1 of the Charges, the Department alleges that Respondent of Connecticut is, and has been at all times, as referenced in the Charges, the holder of Connecticut L.P.N. license number 040307.
2. In paragraph 2 of the Charges, the Department alleges that at all relevant times, Respondent was employed as a licensed practical nurse at Villa Maria Nursing and Rehabilitation Community, Inc. in Plainfield, CT.
3. In paragraph 3 of the Charges, the Department alleges that on or about September 20, 2019, while working as a licensed practical nurse at Villa Maria Nursing and Rehabilitation Community, Inc., Respondent failed to meet the standard of care when she:
  - a. documented that she performed wound care for Resident #1 although she had not changed the resident’s wound dressing;
  - b. pre-charted wound care and/or other treatments for several residents; and/or
  - c. pre-signed for the administration of narcotics for approximately five residents.

4. In paragraph 4 of the Charges, the Department alleges that on or about September 21, 2019, while working as a licensed practical nurse at Villa Maria Nursing and Rehabilitation Community, Inc., Respondent failed to meet the standard of care when she noted a fluid intake of 360cc for Resident #2 who had been discharged on September 18, 2019.
5. In paragraph 5 of the Charges, the Department alleges that the above facts constitute grounds for disciplinary action pursuant to Conn. Gen. Stat. § 20-99(b), including but not limited to 20-99(b)(2).

### **Count Two**

6. In paragraph 6 of the Charges, the Department alleges that paragraphs 1 through 5 are incorporated herein by reference as if set forth in full.
7. In paragraph 7 of the Charges, the Department alleges that on June 20, 2018, the Board issued a Consent Order in Petition Number 2017-820 and placed Respondent's L.P.N. license on probation for a period of two years. Such disciplinary action was based on Respondent's admitted transfer of funds from a patient's bank account to her own account and to an account associated with her boyfriend; using funds to pay her own bills; the revocation of her Massachusetts license to practice as a licensed practical nurse; and a Continuance Without a Finding by the Concord, Massachusetts District Court on counts of Identity Fraud and Larceny by Single Scheme.
8. In paragraph 8 of the Charges, the Department alleges that paragraph 3c of said Consent Order specifically provided that Respondent shall provide the Department with employer reports which "include documentation of Respondent's ability to safely and competently practice nursing," and that "a report indicating that Respondent is not practicing with reasonable skill and safety shall be deemed to be a violation of this Consent Order."
9. In paragraph 9 of the Charges, the Department alleges that on or about September 21, 2019 and October 2, 2019, the Department received reports from Respondent's employer stating that Respondent was not practicing nursing safely and competently and that her employment at Villa Maria Nursing Rehabilitation Community, Inc., was terminated due to improper and/or falsified documentation.
10. In paragraph 10 of the Charges, the Department alleges that Respondent's conduct as described above constitutes violations of the terms of probation as set forth in the Consent Order and subjects Respondent's license to revocation or other disciplinary action authorized by Conn. Gen. Stat. §§ 19a-17 and 20-99(b).

**III**  
***Findings of Fact***

1. Respondent, of Connecticut, is and has been at all times, as referenced in the Charges, the holder of Connecticut L.P.N. license number 040307. Bd. Ex. 6.
2. At all relevant times, Respondent was employed as a licensed practical nurse at Villa Maria Nursing and Rehabilitation Community, Inc. in Plainfield, CT. *Id.*
3. Respondent pre-signed for the administration of narcotics for approximately five residents. Department (“Dept.”) Ex. 1, pp. 2, 5. Respondent’s conduct was documented by the facility’s “proof of use” forms which were used to track the administration of narcotics to residents. Tr. pp. 40-41, 81.
4. On June 20, 2018, the Board issued a Consent Order in Petition Number 2017-820 and placed Respondent’s L.P.N. license on probation for a period of two years. Such disciplinary action was based on the following: (a) Respondent’s admission that while she was employed at Concord Healthcare in Massachusetts, she transferred funds from a patient’s bank account to her own bank account and to an account associated with her boyfriend; (b) Respondent’s admission that she used the transferred funds to pay her own bills; (c) the revocation of Respondent’s Massachusetts license to practice as a licensed practical nurse; and (d) a Continuance Without a Finding by the Concord, Massachusetts District Court against Respondent on counts of Identity Fraud and Larceny by Single Scheme. Dept. Ex. 1, pp. 2, 7-15.
5. Respondent’s probation under the Consent Order became effective on July 1, 2018. One of the terms of the Consent Order required Respondent’s employer to submit reports to the Department documenting Respondent’s ability to safely and competently practice nursing. The Consent Order required the reports to be submitted monthly for the first year and quarterly for the second year of probation. Monthly reports were submitted to the Department for one year without any issues. Dept. Ex. 1, p 2; Tr. pp. 19-20.
6. On September 26, 2019, Respondent’s employer informed the Department by telephone that on September 20 and 21, 2019, Respondent improperly documented medication administration and treatments. Respondent’s employer informed the Department that Respondent was not practicing nursing with reasonable skill and safety. Dept. Ex 1, pp. 2-3, 5, 16; Tr. pp. 21, 30-31.
7. On or about September 21, 2019 and October 2, 2019, the Department received written reports from Respondent’s employer stating that Respondent was not practicing nursing safely and competently and, as a result, Respondent’s employment at Villa Maria Nursing Rehabilitation Community, Inc., was terminated on September 23, 2019. Specifically, the reports indicated that Respondent’s termination was due to improper and/or falsified



documentation.<sup>1</sup> Bd. Ex. 6, p. 1; Dept. Ex. 1, pp. 19, 22; Respondent (“Resp.”) Ex. 1, pp. 19-20.

8. The evidence is insufficient to establish that Respondent documented that she performed wound care for Resident #1 (also referred to as Resident C), despite the fact that she had not changed the resident’s wound dressing. Tr. pp. 22-23, 32, 83-84.
9. The evidence is insufficient to establish that Respondent pre-charted wound care and/or other treatments for several residents. Tr. pp. 22- 23, 32.
10. The evidence is insufficient to establish that on or about September 21, 2019, Respondent failed to meet the standard of care when she noted a fluid intake of 360cc for Resident #2 who had been discharged on September 18, 2019. Resp. Ex. 1, pp. 19-20; Tr. pp. 42, 85-89.
11. Respondent reported the documentation error to a supervisor, but the supervisor could not correct the error in the computer system. *Id.*
12. Respondent was a credible witness.

#### 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, except the allegations contained in paragraphs 3a, 3b, 4, and 5.

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. . . .

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<sup>1</sup> The February 5, 2020 Decision of Appeals Referee, State of Connecticut, Employment Security Appeals Division report states that Respondent was terminated on September 23, 2019. The Decision’s termination date conflicts with Respondent’s assertion that she resigned from her employment on September 21, 2019, as indicated in her resignation letter. Respondent’s former employer stated on numerous occasions, including during her testimony, that she never received Respondent’s September 21, 2019 letter of resignation. Dept. Ex. 1 p. 2; Resp. Ex. 1, pp. 19, 14; Bd. Ex. 6; Tr. pp. 49-52.

(b) Conduct which fails to conform to the accepted standards of the nursing profession includes, but is not limited to, the following: . . . (2) illegal conduct, incompetence or negligence in carrying out usual nursing functions.

Respondent admitted the allegations contained paragraphs 1<sup>2</sup>, 2, and 7 in the Charges, but denied the allegations contained in paragraphs 3, 4, 5, 9, and 10 in the Charges. The Respondent provided no response to the allegations contained in paragraph 8. The Board finds that the Department sustained its burden of proof with respect to the allegations contained in paragraphs 1, 2, 3c, and 7, 8, 9<sup>3</sup>, and 10 of the Charges. However, the Board finds that the Department failed to sustain its burden of proof with respect to the allegations contained in paragraphs 3a, 3b, 4, and 5 of the Charges. Findings of Fact (“FF”) 1-12.

In addition to the exhibits it entered into evidence, the Department relied on the testimony of Department investigator and nurse consultant, Lavita Sookram and Respondent’s former director of nursing, Lisa Coe, to prove its case.

With respect to the allegations contained in paragraph 3a of the Charges, the Department failed to establish by a preponderance of the evidence that Respondent falsely documented that she performed wound care for Resident #1, *a/k/a* Resident C, when she had not in fact changed the resident’s wound dressing.

Ms. Coe testified that she personally checked Resident C’s wound dressing. She observed that Respondent had applied a warm soak on a cyst on the resident’s chest but had not changed the dressing as of the time when Ms. Coe checked the resident’s wound. Ms. Coe also testified that the wound care and treatment was charted in the facility’s Treatment Administration Record (“TAR”) which indicated that the treatment was completed. Ms. Coe testified that the treatment had not been completed. Ms. Coe further testified that one of the reasons Respondent was terminated was because the lack of wound care did not meet the standard of care. Tr. pp. 39-40, 43. Ms. Coe explained that, at a minimum, the soiled dressing should have been replaced after the wound care treatment was administered. She testified that Respondent had failed to perform the minimum care required. *Id.*

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<sup>2</sup> Respondent’s Amended Answer contains a typographical error. Respondent admitted that she is the holder of LPN license number 04037. Respondent is the holder of LPN license number 040307. Respondent denied that she resides in Plainfield, CT.

<sup>3</sup> In her Amended Answer, Respondent stated that she lacked sufficient knowledge or information to form a belief with regard to any communications between the Department and the Respondent’s employer.

Respondent admitted in her testimony that after she had provided the warm soak treatment for this resident, she left the old dressing on the wound because she did not have the dressing that this resident required. FF 8. In order to obtain the appropriate dressing for Resident C, she had to retrieve the cart from the infection control nurse. Respondent stated that the infection control nurse had moved the cart from outside of Resident C's room. Respondent testified that as she walked down the hall, she was summoned by the staff physical therapist to assess the wound of a second patient, Resident D. Tr. pp 73-76. After assessing Resident D's wound, Respondent consulted with the infection control nurse who confirmed that Resident D's wound was infected as indicated by the redness, swelling and drainage of the wound. Respondent testified that she changed Resident D's dressing and documented the TAR form promptly. Tr. pp 77-78. Respondent further testified that before she could return to Resident C's room to replace the old, soiled dressing, Ms. Coe summoned her into her office and reprimanded her about Resident C's soiled dressing. Tr. pp. 76-80.

Respondent testified that she subsequently returned to Resident C's room and replaced the dressing. Tr. pp. 83-84. Respondent also testified that on September 20, 2019, she was pulled in many different directions. She testified that initially, the only documentation she included on the TAR form regarding Resident C's wound care was that Resident C's wound was swollen, red, and raised, but there was no documentation on the TAR form about changing the dressing. Tr. p. 74. Given that the facility did not provide the Department with any documentation to refute Respondent's credible testimony concerning Resident C's wound care, the Board finds that the Department failed to sustain its burden of proof with respect to the allegations contained in paragraph 3a in the Charges.

With respect to the allegations contained in paragraph 3b of the Charges, the Department failed to establish by a preponderance of the evidence that Respondent pre-charted wound care and/or other treatments for several residents. Other than the incidents discussed above regarding Residents C and D, the Department did not provide any documentary evidence to the Board to support its allegations that Respondent pre-charted wound care and/or other treatment for several residents. Therefore, the Board finds that the Department failed to sustain its burden of proof with respect to the allegations contained in paragraph 3b of the Charges.

With respect to the allegations contained in paragraph 3c of the Charges, the record established and Respondent admitted that she pre-signed for the administration of narcotics for approximately five residents. FF 3. Respondent testified that on the same day, September 20,

2019, Resident D screamed for medication. Respondent testified that she was going to administer medication to Resident D when Respondent realized that it was 11:00 am. Respondent stated that the next dosage of medication was not scheduled to be administered until 2:00 pm. She further testified that before she realized what time it actually was, she had already written “in the book” the date and the names of the patients scheduled to be administered narcotic medication at 2:00 p.m. Tr. pp. 80-81. However, Respondent credibly testified that she caught her documentation errors in time and did not administer the narcotic medication at 11:00 am. Tr. p. 81. Thus, the Board finds that the Department sustained its burden of proof with respect to the allegations contained in paragraph 3c of the Charges.

With respect to the allegations contained in paragraph 4 of the Charges, the Department failed to establish by a preponderance of the evidence that Respondent failed to meet the standard of care when she noted a fluid intake of 360cc for Resident #2 who had been discharged on September 18, 2019. Respondent credibly testified that in the process of her inputting data into the computerized Input/Output records, she inadvertently entered data on the line where the discharged resident’s name was still listed in the system. Respondent testified that she immediately reported the documentation error to a supervisor, but the supervisor did not know how to correct the error in the computer system. FF 10. The evidence in the record is devoid of any evidence to refute Respondent’s testimony regarding this allegation. Therefore, the Board finds that the Department did not meet its burden of proof with respect to this allegation.

With respect to the allegations contained in paragraphs 7 through 9 of the Charges, the Department met its burden of proof, establishing that Respondent’s 2018 Consent Order required Respondent’s employer to submit reports to the Department verifying Respondent’s ability to safely and competently practice nursing during the two year probationary period. In compliance with the Consent Order, Respondent’s former employer submitted reports to the Department for approximately 12 or 13 months. No standard of care issues were reported in those reports. Tr. P. 52. On September 26, 2019 Respondent’s former employer informed the Department that on September 20 and 21, 2019, Respondent was not practicing nursing with reasonable skill and safety. FF. 5-7.

## V

### *Order*

Based on the record in this case, the above findings of fact, and conclusions of law, and pursuant to the authority vested in it by Conn. Gen. Stat. §§ 19a-17(a)(1), (2) and (5) and 20-

99(b), the Board finds that the conduct alleged and proven is severable and warrants the disciplinary action imposed by this Order. Therefore, the Board hereby orders, with respect to Respondent's LPN license number 040307, as follows:

1. Respondent's license number 040307 to practice as a licensed practical nurse in the State of Connecticut is hereby reprimanded.
2. Respondent's license shall be placed on probation for a period of two years under the following terms and conditions. If any of the conditions of probation are not met, Respondent's L.P.N. license may be subject to disciplinary action pursuant to Conn. Gen. Stat. § 19a-17.
  - A. During the 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 during the probationary period.
  - C. Respondent shall provide a copy of this Decision to any and all employers if employed as a nurse during the probationary period. The Department shall be notified in writing by any employer(s), within 30 days of the commencement of employment, as to receipt of a copy of this Decision.
  - D. If employed as a nurse, Respondent shall cause employer reports to be submitted to the Department by her immediate supervisor during the entire probationary period. Employer reports shall be submitted commencing with the report due on the first business day of the month following employment as a nurse. Employer reports shall be submitted at least monthly for the first year of the probationary period and, at least quarterly for the second and final year of the probationary period.
  - E. The employer reports cited in Paragraph D above shall include documentation of Respondent's ability to practice nursing safely and competently. Employer reports shall be submitted directly to the Department at the address cited in paragraph K below.

- F. 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.
- G. Respondent shall successfully complete a course in professional ethics, pre-approved by the Department. Within 30 days of completion of the course, Respondent shall provide proof to the satisfaction of the Department of her successful completion of the course.
- H. If Respondent pursues further training in any subject area that is regulated by the Department, Respondent shall provide a copy of this Decision to the educational institution or, if not an institution, to Respondent's instructor. Such institution or instructor shall notify the Department in writing as to receipt of a copy of this Decision within 15 days of receipt. Said notification shall be submitted directly to the Department at the address cited in Paragraph K below.
- I. In the event Respondent is not employed as a nurse for a period of 30 consecutive days or longer, she shall notify the Department in writing. Such periods of time shall not be counted in reducing the probationary period covered by this 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 Order. In the event Respondent resumes the practice of nursing, she shall provide the Department with 15 days prior written notice.
- J. The Department must be informed in writing prior to any change of address.
- K. All communications, payments, if required, correspondence, and reports are to be addressed to:

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

- 2. Any deviation from the terms of probation, without prior written approval by the Board, shall constitute a violation of probation, which will be cause for an immediate hearing on charges of violating this Order. Any finding that Respondent has violated this Order will subject Respondent to sanctions under Conn. Gen. Stat. §§ 19a-17(a) and (c), including,

but not limited to, the revocation of her license. Any extension of time or grace period for reporting granted by the Board shall not be a waiver 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 (most current address reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department).

3. This document has no bearing on any criminal liability without the written consent of the Director of Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

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

The Board hereby informs Respondent, Cynthia Riley, and the Department of this decision.

Dated at Hartford, Connecticut this \_\_\_\_\_ day of January, 2021.

BOARD OF EXAMINERS FOR NURSING

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

STATE OF CONNECTICUT  
CONNECTICUT BOARD OF EXAMINERS FOR NURSING

Jennifer Martin  
66 Oak Bluff Road  
Milford, CT 06461

CMRRR# 91 7199 9991 7038 3995 5830  
First Class Mail  
and Via EMAIL (nursejenn7112@gmail.com)

**RE: Jennifer Martin, LPN - Petition No. 2018-142**

NOTICE OF HEARING

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM at the Department of Public Health Complex, Conference Room A/B, 410-470 Capitol Avenue, Hartford, Connecticut on April 15, 2020. The scheduling of your case is subject to change. You are urged to call 860-509-7566 the day before the hearing to verify this schedule.

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

At the hearing you will have the opportunity to present your evidence, including witnesses and documents. It is your responsibility to bring the witnesses and documents you wish to present at the hearing.

Filing an Answer; Failure to File Answer:

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

Representation by an Attorney:

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

Documents:

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

All documents that you wish to present at the hearing must be paginated and must have certain information redacted. That means, that certain information, must be blacked out as follows:

- a. First, make a photocopy of the original document. DO NOT MARK THE ORIGINAL IN ANY WAY.
- b. Secondly, if any of the following information appears on any page of the document, on the photocopy, black out the following information using a black marker:
  - (1) Date of birth
  - (2) Mother's maiden name
  - (3) Motor vehicle operator's license number
  - (4) Social Security Number
  - (5) Other government-issued identification number
  - (6) Health insurance identification number
  - (7) Financial account number
  - (8) Security code or personal identification number (PIN)



- c. Next, paginate each document in the lower right hand corner of each page *of the redacted photocopy*.
- d. Finally, any documentation offered into evidence must be accompanied by (9) photocopies of the redacted and paginated copy to provide to the Board and the Department at the hearing.
- e. Please note: you must also bring the original to the hearing.

Failure to Appear:

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

Order Re: Filings

The Department and Respondent are hereby ordered when submitting any pleadings, documents, motions or other papers to the Board to file an original plus nine (9) copies with Jeffrey A. Kardys, agent of the Board and custodian of the record, at the following address:

Department of Public Health  
Public Health Hearing Office  
410 Capitol Avenue, MS#13PHO  
P. O. Box 340308  
Hartford CT 06134-0308

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

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

Dated at Hartford, Connecticut this 5th day of MARCH, 2020.

For the Connecticut Board of Examiners for Nursing

  
Jeffrey A. Kardys, Administrative Hearings Specialist

- c: Henry Salton, Assistant Attorney General  
Christian Andresen, Section Chief, Practitioner Licensing and Investigations  
Matthew Antonetti, Principal Attorney, Office of Legal Compliance  
Leslie Scoville, Staff Attorney, Office of Legal Compliance

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

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

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

In re: Jennifer B. Martin, L.P.N.

Petition No. 2018-142

**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 Jennifer B. Martin:

1. Jennifer B. Martin of Milford, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut licensed practical nursing license number 026303.
2. During about April 2017, respondent was employed as a licensed practical nurse for Almost Family, located in New Haven, Connecticut ("Almost Family").
3. On or about April 16 and/or 17, 2017, respondent provided home care to patient A.N. in Orange, Connecticut.
4. On or about April 17, 2017, respondent removed three clonazepam pills from A.N.'s medication administration area and placed the pills in her pocket.
5. The above facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(2).

THEREFORE, the Department prays that:

The Connecticut State 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 Jennifer B. Martin as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 21<sup>st</sup> day of February 2020.



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

**STATE OF CONNECTICUT**  
DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

**BOARD OF EXAMINERS FOR NURSING**

April 7, 2020

Jennifer Martin  
66 Oak Bluff Road  
Milford, CT 06461

VIA EMAIL ONLY (nursejenn7112@gmail.com)

Leslie Scoville, Staff Attorney  
Department of Public Health  
410 Capitol Avenue, MS #12LEG  
PO Box 340308  
Hartford, CT 06134-0308

VIA EMAIL ONLY

**RE: Jennifer Martin, LPN – Petition No. 2018-142**

**NOTICE OF HEARING POSTPONEMENT**

The hearing in the above referenced matter, scheduled for April 15, 2020, is postponed, due to the necessary measures being implemented in response to the public health and civil preparedness emergency declared by Governor Ned Lamont on March 10, 2020

Notification of a new hearing date will be sent when determined.

FOR: BOARD OF EXAMINERS FOR NURSING

BY: Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist / Board Liaison  
Department of Public Health  
410 Capitol Avenue, MS #13PHO  
PO Box 340308  
Hartford, CT 06134-0308  
Tel (860) 509-7566 FAX (860) 707-1904



Please Call 860-509-7566 • Fax 860-707-1904  
Toll-Free 1-800-452-7000 • Relay CT 860-707-1904  
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# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH  
Acting Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### **BOARD OF EXAMINERS FOR NURSING**

September 29, 2020

Jennifer Martin  
66 Oak Bluff Road  
Milford, CT 06461

VIA EMAIL ONLY (nursejenn7112@gmail.com)

Leslie Scoville, Staff Attorney  
Department of Public Health  
410 Capitol Avenue, MS #12LEG  
PO Box 340308  
Hartford, CT 06134-0308

VIA EMAIL ONLY

**RE: Jennifer Martin, LPN - Petition No. 2018-142**

### **NOTICE OF HEARING**

The hearing in the above referenced matter, is rescheduled to December 16, 2020.

The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing.

In preparation for this hearing you must, no later than December 1, 2020, you must provide the information specified in the attached Notice for Submissions.

**FOR: BOARD OF EXAMINERS FOR NURSING**

*/s/ Jeffrey A. Kardys*

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison  
Department of Public Health  
410 Capitol Avenue, MS #13PHO  
PO Box 340308  
Hartford, CT 06134-0308  
Tel. (860) 509-7566 FAX (860) 707-1904



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

*Affirmative Action/Equal Opportunity Employer*



## Notice for Submissions

The hearing in the matter of: **Jennifer Martin, LPN - Petition No. 2018-142** as been scheduled for **December 16, 2020** and will be conducted remotely through Microsoft Teams/teleconference.

On or before **December 1, 2020**, you must provide the following by electronic mail response to the hearing office at [poho.dph@ct.gov](mailto:poho.dph@ct.gov)

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

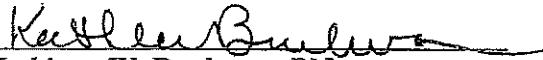
In preparation for the remote hearing, please make sure all of your devices are fully functioning and properly charged. All participants are required to have video and audio functions on when testifying or speaking.

Our office will contact you again 3 to 5 calendar days prior to the hearing to provide you with any further instructions and a Microsoft Teams link / phone number and code to enter the hearing.

Should you have any questions regarding the above, please contact the hearing office.

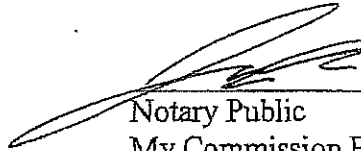
CERTIFICATION

I, Kathleen W. Boulware, RN, Public Health Services Manager , Practitioner Licensing and Investigations Section, Department of Public Health, being duly sworn, hereby attest that I have prepared and reviewed this report and it is a true, complete and accurate documentation of my investigation of Jennifer Martin, LPN, professional license number: 026303.



Kathleen W. Boulware, RN  
Public Health Services Manager  
Department of Public Health  
Practitioner Licensing and Investigations Section

Subscribed and sworn to before me this 1<sup>st</sup> day of August 2018.



Notary Public  
My Commission Expires 4/30/2022

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

INVESTIGATIVE REPORT  
July 31, 2018

**Investigation of Petition # 2018-142**

**Respondent's Name: Jennifer B. Martin**

**Petitioner's Name: Drug Control**

Address: 66 Oak Bluff Road  
Milford, CT 06461

**Licensure Information:**

License No. 026303  
Issued: 5-24-1996  
Expires: 2-28-2019

Investigated by: Kathleen W. Boulware, RN  
Public Health Services Manager

**Allegation(s):**

1. Respondent, who was working for *Almost Family*, is alleged to have taken three Clonazepam from a lock box patient's home.

**Introduction**

On February 6, 2018, the Practitioner Investigation Unit received a referral from the Department of Consumer Protection (DCP), Drug Control Division (DCD) alleging that the Respondent had diverted three Clonazepam 1 mg. tablets from a home care patient's stock of medications that were maintained in a lock box. The issue was referred to DCP by the Director of Professional Services for Almost Family, Shawna Holzer. Respondent admitted in a written statement to taking the medication, but states it was unintended.

**A. The Drug Control Report, which was prepared by Daniel Carpenter, Drug Control Agent identified the following (Exhibit A):**

1. Drug Control received documentation from *Almost Family* which identified the following:
  - a. On April 17, 2017 LPN Oronzo conducted a count of Resident A.N.'s clonazepam and noted 3 tablets missing. LPN Oronzo subsequently reported this discrepancy via phone to Clinical Manager Gurga. Clinical Manager Gurga determined that Jennifer Martin, LPN, was the nurse on duty prior to LPN Oronzo on April 17, 2017.
  - b. Clinical Manager Gurga telephoned LPN Martin and questioned her about the 3 missing clonazepam tablets. LPN Martin admitted to possessing the 3 clonazepam tablets on her person.

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c. On April 18, 2017 LPN Martin returned 3 clonazepam tablets to the office lock box. Director Holzer subsequently and appropriately destroyed the 3 clonazepam tablets.

2. **Investigative note:** LPN Martin was the subject of a previous Drug Control Division investigation (DCP Case # 2016-1652) in which 5 - Percocet tablets were diverted from a patient's home. A review of documentation by Drug Control Agent Jones was inconclusive and no further discrepancies were noted.
3. Multiple attempts were made by Drug Control to contact and meet with the Respondent, however, she has not contacted Drug Control.
4. Respondent provided a statement to *Almost Family (Exhibit B)* in which she admitted having taken the Clonazepam home with her. She explained that she was unable to reconcile the amounts of medication when she did the count on 4-16-2017 as the count was over by three. She found the clonazepam pills and realized she must have "inadvertently"; placed the pills into her pocket, although she does not recall doing so.

**B. Affidavit of Paula DelGrego, LMSW, Practitioner Investigation Unit investigations (Exhibit C):**

1. Ms. DelGrego met with Respondent on 3/20/2018 and she reported the following:
  - a. She does not want to work with the HAVEN program.
  - b. She is currently working at Pediatric Services of America (PSA) caring for a 14 month old.
  - c. She has had two back surgeries in the past and is taking Carisoprodol, Fentanyl and Oxycodone and has been taking it for years.
  - d. She has had two back surgeries.
  - e. The medication are prescribed by her pain management doctor.
  - f. Respondent was asked to undergo a substance abuse evaluation and she said she would consider it.
  - g. On April 25, 2018 Respondent again met with Ms. DelGrego, Jolanta Gawinski and Respondent's attorney. David Robertson. Attorney Robertson represented that he did not want his client to sign any releases for her records at this time. Attorney Robertson indicated that he would get back to DPH about his client undergoing an evaluation.
  - h. As of July 31, 2018 the Department has had no response from the attorney.

**Statement of facts related to allegations:**

1. Respondent was employed as a home care nurse for Almost Family.
2. While visiting patient A.N. she was unable to reconcile the Clonazepam count, but eventually she thought she had.
3. The next day, when she returned to see the patient, the count was over by three pills. Subsequently, her supervisor notified her that the count was off and that three pills were missing.
4. Respondent admitted that she had the pills in her possession and returned them to patient's lock box. Respondent could not explain how or why she had the three pills.
5. Respondent has not responded to the Department's request for a substance abuse evaluation and has represented through her attorney that she will not provide releases for her medical records.



**Exhibit Legend:**

- A. Drug Control Reports
- B. Respondent's statement
- C. Affidavit of Paula DelGrego

**Communication Log:**

1. Respondent: Jennifer Martin, LPN  
66 Oak Bluff road  
Milford, CT  
Phone: 203-343-7878  
Email: [nursejenn7112@gmail.com](mailto:nursejenn7112@gmail.com)
  
2. Respondent's Attorney: David J Robertson  
HEIDELL, PITTONI, MURPHY & BACH LLP  
855 MAIN ST STE 1100  
BRIDGEPORT, CT 06604-4915  
Phone: 203-382-9700



CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

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DRUG CONTROL DIVISION

Date: 02/02/2018  
To: Rodrick J. Marriott, Director, Drug Control Division  
From: Daniel E. Carpenter, Drug Control Agent  
Case Number: 2017-589  
Complaint date: 04/28/2017  
Subject: Jennifer B. Martin  
66 Oak Bluff Road  
Milford, CT 06461  
Date of Birth: [REDACTED]  
License Type: Licensed Practical Nurse (LPN)  
License Number: 11.026303

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April 19, 2017

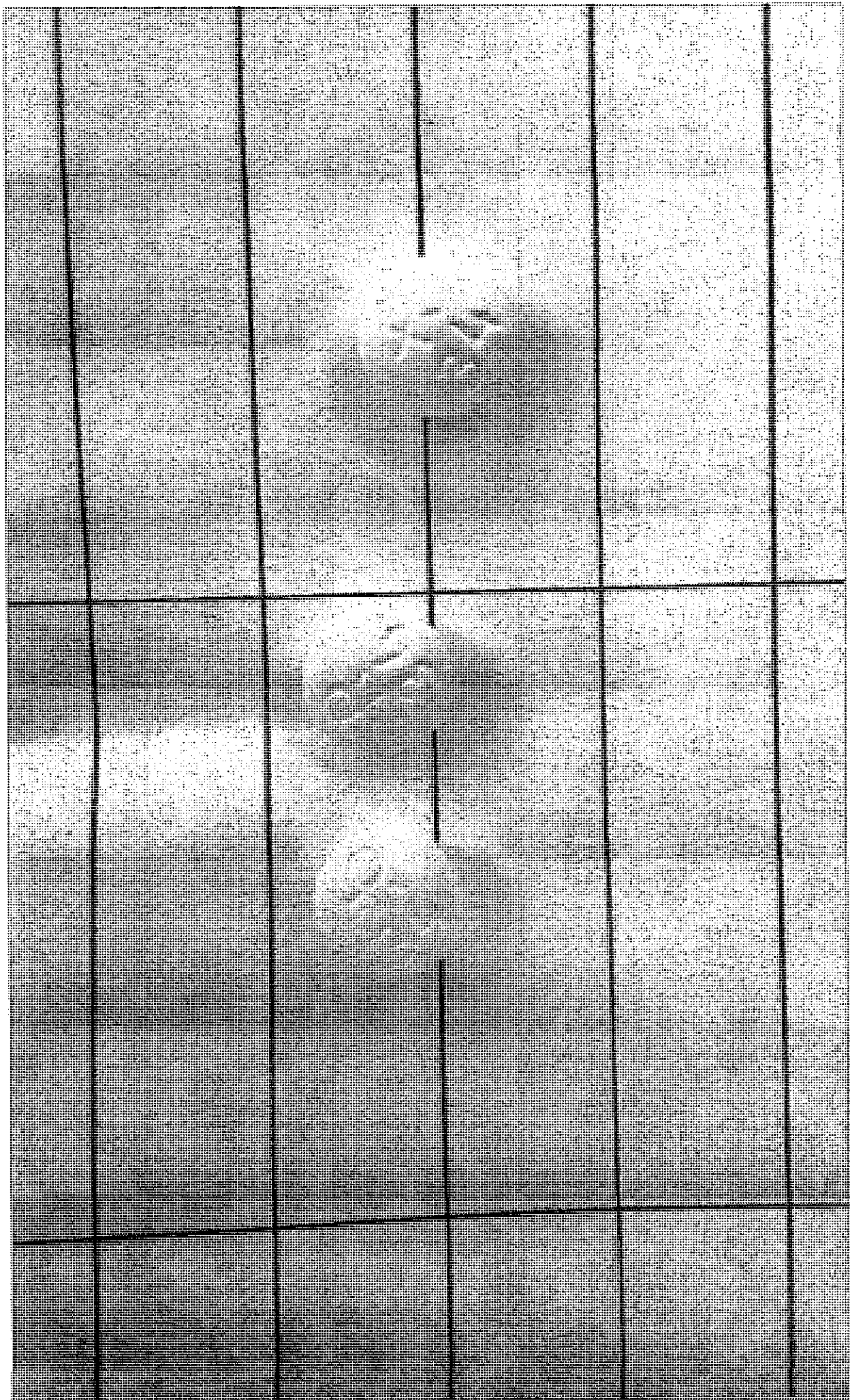
On this date, Shawna Holzer, Director of Professional Services for Almost Family, telephoned the Drug Control Division to report a suspected loss of 3 clonazepam tablets. Drug Control Agent Pamela Jones subsequently requested Jennifer Martin's phone number, a copy of the incident report with statements, pictures of the tablets, and verification of destruction.

April 20, 2017

On this date, Director Holzer provided the Drug Control Division with the following information via email.

- Jennifer Martin's phone number is (203) 343-7878.
- A copy of the incident report (Att. p.1-6)
- A statement by Jenny Oranzo, LPN (Att. p. 7)
- A statement by Marianne Gurga, Clinical Manager (Att. p.8)
- Pictures of tablets, verification of destruction, and a Controlled Substance Disposition Record (CSDR) (Att. p. 9-11)







B

**Jennifer Martin**

66 Oak Bluff Road, Milford, CT 06461  
Tel. (203) 343-7878

To Whom It May Concern:

This statement is submitted in response to Shawna Holzer's request that I provide additional information regarding my report to her that I had found 3 yellow tablets appearing to be Klonopin, in my pocket. I made this voluntary self report to Shawna on January 17, 2017.

The following is my detailed explanation of the circumstances surrounding the event:

On April 15, 2017, I was finishing my last patient visit in Fairfield, CT, when I was contacted by Heidi, ad directed to see a patient in Orange, CT. I explained to Heidi, that I had no report on this patient and that no schedule had been printed out for the primary care nurse. I requested the on-call nurse to please ask the nurse who usually sees this patient to please see the patient on this day. I received a call back from Courtney who said that she had spoken to Marianne Gurga about this patient. She said I needed to see the patient. I was able to get report from Jennie King who stated Noreen Palmer should have given me report. I then contacted Noreen who stated I should have gotten report from Jennie. I was warned by nurse Jennie that I should be afraid that the patient would be very angry.

I arrived at the patient's home. When I opened the patient's medication box and counted the bottle of Klonopin, I was not able to reconcile the count, which was a mixture of whole and half tabs, which was in the bottle and pre-poured containers. I added what was put into daily containers by the previous nurse. It was still off. I then received a text from Marianne (supervisor) accusing me of not getting the schedule and not getting report, even though I had done so. I became very flustered over this, finished checking the patient's medications and administered medications to the patient. During this process I conferred with the patient who confirmed the meds were correct. I thought I had reconciled the medications at this time. I finished the patient visit and left. I continued getting texts from Marianne (supervisor) who then advised me that Heidi (typist) had left the patient off of the schedule and that people make mistakes. The supervisor stated she had been bothered all day by phone calls and she is not on call. She then told me I would have to see the same patient the next day.

On 4-16-17 Easter am-I could not find the lock box keys. I called Tanya Pcn and informed her that I could not find the keys. I asked her if I could borrow her set. I obtained the set of keys, saw this patient as my first patient visit. I then entered the home and saw the keys in the lock box. I switched Tanya's keys into my left hand used my right hand to open the box. I took out the medications and began to pour for the week when I realized I needed to recount first. When I did the recount, I was unable to reconcile the medication because it was over by 3. Not realizing I had already subtracted the number of tablets poured, I then added the date of 4- 17-17 on reconciliation sheet, without subtracting and leaving a blank space. When looking at it I realized that when I subtracted it the count would be correct.

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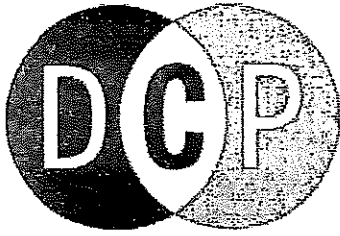
On 4-17-17 I gave report to nurses Jennie and Noreen. I received texts from Marianne stating I needed to call the office. I received a text from Jennie that she had made a mistake and had been over on her count for this patient. She apologized. I called the supervisor. She asked why I hadn't told her I had left keys. I explained that after what happened the day before, I would have only bothered her if I didn't have keys to use. I spoke with her about count being off. I asked the supervisor how the count could be off because I had such trouble with it. She stated it was because I had left the keys in the box. A couple hours later when obtaining keys from the pocket I had put Tanya's keys in, I found 3 yellow tablets that appeared to be the patient's Klonopin. I must have inadvertently placed the pills into my pocket, though I have no recall of doing so. I self-reported my mistake to the supervisor and she told me to bring the tablets to the office and not to the patient's home. I did so and put the pills in the lock box.

On 4-18-17, I was told to come to the office to give Shawna a statement. I verified with Shawna that these were the patient's missing and correct medication.

The foregoing is based upon my best recollection of the events. I would be happy to discuss this further with you.

Sincerely,

Jennifer Martin



CONNECTICUT DEPARTMENT OF  
**CONSUMER PROTECTION**  
DRUG CONTROL DIVISION

10/12/2017

To: Jennifer B. Martin  
66 Oak Bluff RD  
Milford, CT 06461-1630

License Type: Licensed Practical Nurse  
License Number: 11.026303

From: Daniel E. Carpenter, Drug Control Agent

Ms. Martin,

You are receiving this certified letter pursuant to a voice mail I left for you on 08/29/2017 at the phone number on your file, (203) 343-7878 and the subsequent email that I sent on 09/07/2017 to your email address on file [nursejenn7112@gmail.com]. I urge you to contact me at your earliest convenience to arrange a meeting to discuss the incident involving clonazepam that you were involved with in April 2017. I am preparing a report that will be forwarded to the Department of Public Health documenting the specifics of the event. It would behoove you to speak with me so I may include other pertinent information you may wish to add to this report.

I can be reached via email at [Daniel.Carpenter@Ct.gov](mailto:Daniel.Carpenter@Ct.gov) or via telephone at (860) 713-6153.

Thank you,

Daniel E. Carpenter, RPh.  
Drug Control Agent, Department of Consumer Protection  
450 Columbus Blvd. Suite 910  
Hartford, Ct. 06103  
[Daniel.Carpenter@ct.gov](mailto:Daniel.Carpenter@ct.gov)  
TEL: (860) 713-6153  
Fax: (860) 706-5365



C

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

AFFIDAVIT OF PAULA DELGREGO, LMSW

Re: Jennifer Martin, LPN

Petition No. 2018-142

I, Paula DelGrego, LMSW being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am employed by the Practitioner Licensing and Investigations Section within the Department of Public Health (hereinafter "the Department") as a Health Services Social Work Consultant.
4. As part of my duties, I had responsibility for investigating a complaint regarding the respondent under Petition No. 2018-142. I was assigned this case on 3/16/18.
5. As part of my investigation, I reviewed the Drug Control report and it included the following information (**Exhibit 1**):
  - On 4/19/17, Drug Control was notified that on 4/17/17, an LPN for Almost Family home healthcare agency conducted a count of Resident AN's clonazepam and noted 3 tablets were missing. It was determined that respondent was the nurse on duty when the tablets went missing.
  - On 4/17/17, the Clinical Manager of Almost Family contacted respondent and she admitted to possessing the 3 clonazepam pills.
  - On 4/18/17, respondent returned the 3 clonazepam tablets to the office lock box.
  - On 4/28/17, Drug Control was provided with respondent's statement regarding the missing clonazepam by Almost Home. This statement included the following information:
    - On 4/15/17, she went to Resident AN's home. She conferred with AN that his medication was correct, gave him his medication from the lock box and left.
    - On 4/16/17, she was due to see Resident AN again but could not find the lock box keys so she borrowed keys from another employee. When she got to AN's home she found the keys in the lock box as she had left them in there from the day before. When she did a recount of the medication, it was over by 3. She stated that this is because she did not realize that she had already subtracted the number of tablets that she poured and when she subtracted them, the count was correct.
    - On 4/17/17, when she was obtaining keys from the pocket she had put the borrowed lock box keys in she found 3 clonazepam tablets in her pocket. She stated that she must have inadvertently put the pills in her pocket although she has no recollection of doing this.
  - A statement from the LPN (given on 4/19/17) that visited AN's home on 4/17/17 and discovered the 3 missing clonazepam noted that the clonazepam had been pre-poured incorrectly by respondent and there was no clonazepam poured for AN's noon doses.
  - Drug Control left several messages for respondent's attorney and for respondent and never received a reply. Drug Control also sent respondent a certified letter and received no response.
6. On 2/15/18, the Department sent respondent a letter that we had received the above report from Drug Control and it appeared that she may be a candidate for the HAVEN program. (**Exhibit 2**)
7. On 3/20/18, I met with respondent at the Department of Public Health office as she did not want to work with HAVEN and she reported the following information:
  - She is currently working at PSA doing pediatric home care for a 14 month old.
  - She has had two back surgeries and has been taking Carisoprodol, Fentanyl and Oxycodone for years for her back pain. She stated that these medications are prescribed by her pain management doctor.
  - I asked her to sign releases of information for her pain management doctor and her primary care physician (PCP). She stated that wanted to check with an attorney first and would let me know by 3/27/18 if she would sign the releases.

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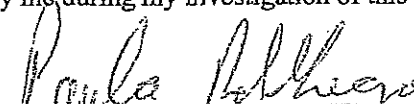
AFFIDAVIT OF PAULA DELGREGO, LMSW

Re: Jennifer Martin, LPN

Petition No. 2018-142

Page 2 of 2

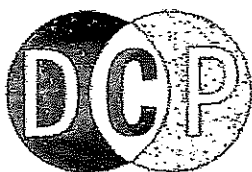
- I also explained that the Department was requesting that she attend a substance abuse evaluation and gave her a list of possible providers.
8. On 3/28/18, respondent called me and stated that she had left several messages for her prior attorney, regarding signing the releases of information I requested and she was waiting to hear back. I explained that this needed to get resolved soon and she said she understood.
  9. On 4/5/18, I left a voicemail message for respondent and explained that I needed to hear back from her as soon as possible regarding whether she was going to sign the releases of information for her providers.
  10. On 4/11/18, I mailed respondent a letter as I had not heard back from her and requested that she come in and meet with me and my supervisor, Jolanta Gawinski. I explained that if she did not contact me by 4/18/18, her file would be referred to the Office of Licensure Regulation and Compliance for possible action against her license. **(Exhibit 3)**
  11. On 4/17/18, I received call from Attorney David Robertson stating that respondent had just contacted him today regarding the letter that I sent her on 4/11/18. He stated that he did not represent respondent yet and was wondering if she could get a week extension to respond to me. I explained that since he is not representing her yet that the deadline still stands that she needed to contact me by 4/18/18 to schedule a meeting and then if she retained him he would obviously be coming to the meeting and if she did not retain him then she is expected to meet with the Department on her own. He said that he understood and that he would convey this information to her.
  12. On 4/19/18, I received a letter of representation from Attorney David Robertson. **(Exhibit 4)**
  13. On 4/25/18, I met with respondent and Attorney Robertson along with Health Program Supervisor, Jolanta Gawinski. Attorney Robertson did not feel that respondent should sign the release of information for her pain management doctor. Myself and Ms. Gawinski explained the possible outcomes to respondent and Attorney Robertson. These possibilities included - a Commissioner's order for a substance abuse evaluation, issue a Statement of Charges, have HAVEN assist her in getting a substance abuse evaluation or do a substance abuse evaluation on her own. Attorney Robertson stated that he would discuss these options with respondent and get back to me by 5/2/18.
  14. On 5/3/18, I called Attorney Robertson and he reported that he was awaiting a response from respondent and he would follow up with her and let me know her decision.
  15. As of the date of this affidavit, I have not heard from Attorney Robertson or respondent.
  16. The attached documents are true and accurate copies obtained by me during my investigation of this licensee.

  
Paula DelGrego, LMSW

Subscribed and sworn to before me this 31 day of July 2018.

  
Notary Public  
My Commission Expires 4/30/2022

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## CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

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### DRUG CONTROL DIVISION

Date: 02/02/2018  
To: Rodrick J. Marriott, Director, Drug Control Division  
From: Daniel E. Carpenter, Drug Control Agent  
Case Number: 2017-589  
Complaint date: 04/28/2017  
Subject: Jennifer B. Martin  
66 Oak Bluff Road  
Milford, CT 06461  
Date of Birth: [REDACTED]  
License Type: Licensed Practical Nurse (LPN)  
License Number: 11.026303

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#### April 19, 2017

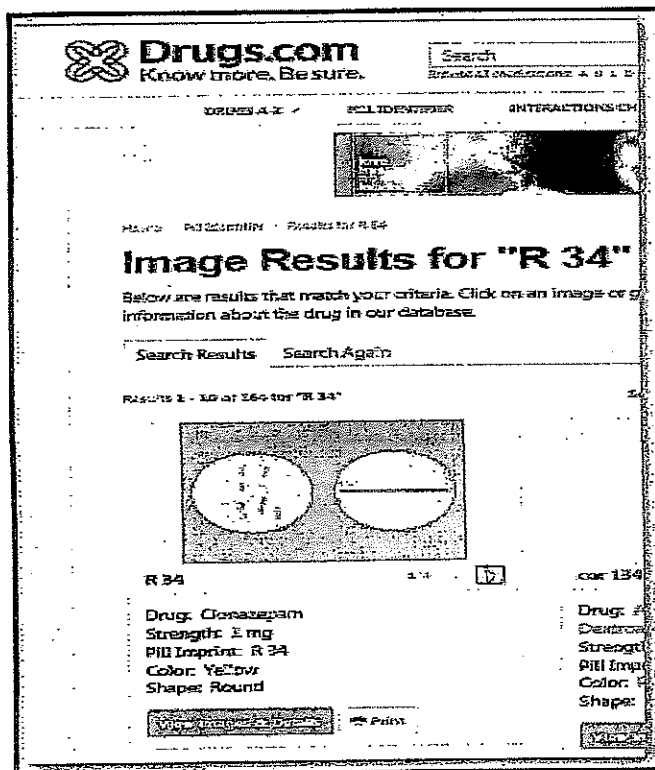
On this date, Shawna Holzer, Director of Professional Services for Almost Family, telephoned the Drug Control Division to report a suspected loss of 3 clonazepam tablets. Drug Control Agent Pamela Jones subsequently requested Jennifer Martin's phone number, a copy of the incident report with statements, pictures of the tablets, and verification of destruction.

#### April 20, 2017

On this date, Director Holzer provided the Drug Control Division with the following information via email.

- Jennifer Martin's phone number is (203) 343-7878.
- A copy of the incident report (Att. p.1-6)
- A statement by Jenny Oronzio, LPN (Att. p. 7)
- A statement by Marianne Gurga, Clinical Manager (Att. p.8)
- Pictures of tablets, verification of destruction, and a Controlled Substance Disposition Record (CSDR) (Att. p. 9-11)

This Agent subsequently searched Drugs.com ([www.drugs.com](http://www.drugs.com)) and identified the tablets in the pictures provided by Director Holzer to be clonazepam 1mg.



Clonazepam is a benzodiazepine and a Schedule IV controlled substance used to treat certain seizure disorders in adults and children. [www.drugs.com](http://www.drugs.com)

Upon review of the documentation provided by Director Holzer, this Agent noted the following information.

April 17, 2017

- LPN Oronzo conducted a count of Resident AN's clonazepam and noted 3 tablets missing. LPN Oronzo subsequently reported this discrepancy via phone to Clinical Manager Gurga.
- Clinical Manager Gurga determined that Jennifer Martin, LPN, was the nurse on duty prior to LPN Oronzo on April 17, 2017.  
*Investigative note: LPN Martin was the subject of a previous Drug Control Division investigation (DCP Case #2016-1652) in which 5 - Percocet tablets were diverted from a patient's home. A review of documentation by Drug Control Agent Jones was inconclusive and no further discrepancies were noted.*
- Clinical Manager Gurga telephoned LPN Martin and questioned her about the 3 missing clonazepam tablets. LPN Martin admitted to possessing the 3 clonazepam tablets on her person.

04/18/2017

- LPN Martin returned 3 clonazepam tablets to the office lock box.
- Director Holzer subsequently and appropriately destroyed the 3 clonazepam tablets.

April 28, 2017

On this date, Principal Agent Michelle Sylvestre received an email from Director Holzer with a copy of LPN Martin's statement. (Att. p. 12-13)

*Investigative note: LPN Martin's statement was provided through Attorney Alice Moore Leonhardt, Moore Leonhardt & Associates LLC, 102 Oak Street, Hartford, CT 06106 (860-216-6337).*

This Agent was assigned to investigate.

08/16/2017

On this date, this Agent left a voicemail message for Attorney Leonhardt requesting she return this Agent's call. This Agent did not receive any form of communication from Attorney Leonhardt.

08/24/2017

On this date, this Agent left a voicemail message for Attorney Leonhardt requesting she return this Agent's call. This Agent did not receive any form of communication from Attorney Leonhardt.

08/29/2017

On this date, this Agent sent an email to LPN Martin ([nursejenn7112@gmail.com](mailto:nursejenn7112@gmail.com)) requesting she contact this Agent regarding a controlled substance incident. This Agent also telephoned LPN Martin at (203) 343-7878 and left a voicemail message requesting she return this Agent's call. This Agent did not receive any form of communication from LPN Martin.

09/07/2017

On this date, this Agent sent an email to LPN Martin urging her to contact this Agent at her earliest convenience to arrange a meeting to discuss the clonazepam incident she was involved with in April 2017. This Agent further informed LPN Martin that a written report documenting the details of the clonazepam event will be written and forwarded to the Department of Public Health. This Agent did not receive any form of communication from LPN Martin.

10/12/2017

On this date, this Agent sent a letter via certified mail to LPN Martin at 66 Oak Bluff Road in Milford, CT urging her to contact this Agent at her earliest convenience to schedule a meeting to discuss the clonazepam incident she was involved with in April 2017. This Agent did not receive any form of communication from LPN Martin. (Att. p. 14)

This written report is being forwarded to the State of Connecticut Department of Public Health's Board of Examiners for Nursing (BOEN) for review and consideration.

Respectfully submitted,

Daniel E. Carpenter, Drug Control Agent

Confidential to file:  
Resident AN - A [REDACTED] N [REDACTED]

4/19/17

Pt: AN

Entity: 426

PCN: Noreen Palmer

Visit date: 4/17/17

Med admin visit

Upon arrival lock box locked

Weekly planner/med sleeves pre poured meds noted to be incorrect.

Klonopin pre poured - incorrectly. No Klonopin in noon boxes

Temazepam pre poured in med sleeves correctly

6 Temazepam removed from med planner/med sleeves returned to bottle, count correct.

12 Klonopin removed from med planner/med sleeves returned to bottle. Count incorrect- short by 3 1mg tablets. Pt denied going into lock box/taking any pills out of lock box.

Supervisor M Gorga notified immediately

Jennie Oronzo, LPN per diem



This is in regards to an incident reported to me (Marianne Gurga RN, clinical manager). I received a phone call on Monday morning 4/17/17 from Jennie Oronzo LPN stating she was with A [REDACTED] N [REDACTED], a patient of Patient Care of New Haven behavioral health. Jennie was administering meds and found the patient's klonopin count to be off by 3. The patient informed Jennie that the nurse left her keys in the lock of the lock box on Saturday. He stated she returned on Sunday and found her keys in the lock box where she left them the day before. At that time, she administered t his daily meds.

When Jennie Oronzo arrived Monday morning to A [REDACTED] N [REDACTED]'s home, she called Marianne Gurga RN, clinical manager to report she was in the patient's home and found the klonopin count to be short by 3 pills. She informed me at that time that the patient reported the keys were left in the lock box. I heard the patient while I was on the phone deny touching the lock box or any meds inside the box. I called Jennifer Martin on Monday 4/17/17 at 10:34am to speak to her about the above events. She did not answer my call. At 10:56 am, I sent Jennifer a text message asking her to call me or come to the office as soon as possible. At 12:32pm Jen called me and I missed her call. I called her back at 12:34pm. At that time I asked her about the events that happened over the weekend with this one specific patient, A [REDACTED] N [REDACTED]. She informed me of the following:

Jennifer at that time stated that she saw Mr. N [REDACTED] on Saturday and the pill count was correct. She left his home and apparently left her keys in the patient's lock box. She borrowed a co-workers keys for Sunday because she realized she did not have them Sunday morning when heading out the door to begin her day. When she arrived at Mr. N [REDACTED]'s home she saw them in the lock box where she inadvertently left them the day before. At that time Jennifer found the klonopin count to be short by 3. The patient denied taking any pills.

Monday 4/17/17 per a text message from Jen Martin she said she re-counted the pills on Sunday and found the 3 missing pills and when she left on Sunday the count was correct. Jennie Oronzo found the count to be short by 3.

During the day, I had notified Shawna Holzer of the events as described. I was directed to write an incident report and to notify Maria Cox and Stephanie Bossmeyer. I notified them by email and spoke to Maria Cox. Maria advised me to speak with Stephanie. I followed up with Stephanie Bossmeyer with another email and phone call. I left a voice mail for Stephanie.

Monday at 2:23pm I received a text message from Jen Martin stating "OMG, I don't even want to tell you this....I have the klonopin. Getting ready to run out the door, I'll call you from my car." I immediately called her. She replied, I can't talk right now. At that time I asked Jennifer to please call me and instructed her via text message to not return to Mr. N [REDACTED]'s house.

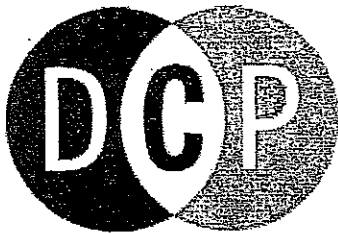
Jennifer never called me but sent a text message stating she found the 3 missing klonopin in her pocket where she put her keys. I asked her again to please come into the office. She said she would be there within the hour. That was at 3:29pm.

At 4:29 pm I received a text message stating that She would never make it to the office in time. Jennifer stated she was at the doctor's office and he was injecting her knee. She stated she could barely walk on it.

Tuesday 4/18/17 I was out of the office. I received a text message from Jennifer Martin stating the klonopin was in a lock box in the office. She stated via text message the 3 klonopin were in a ziplock bag in a lock box in the office. At that time, I notified Shawna Holzer and Nicole Croyle via company email of the meds being in the office.

Marianne Gurga, RN, Patient Care CLM

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CONNECTICUT DEPARTMENT OF  
**CONSUMER PROTECTION**  
DRUG CONTROL DIVISION

10/12/2017

To: Jennifer B. Martin  
66 Oak Bluff RD  
Milford, CT 06461-1630

License Type: Licensed Practical Nurse  
License Number: 11.026303

From: Daniel E. Carpenter, Drug Control Agent

Ms. Martin,

You are receiving this certified letter pursuant to a voice mail I left for you on 08/29/2017 at the phone number on your file, (203) 343-7878 and the subsequent email that I sent on 09/07/2017 to your email address on file [nursejenn7112@gmail.com]. I urge you to contact me at your earliest convenience to arrange a meeting to discuss the incident involving clonazepam that you were involved with in April 2017. I am preparing a report that will be forwarded to the Department of Public Health documenting the specifics of the event. It would behoove you to speak with me so I may include other pertinent information you may wish to add to this report.

I can be reached via email at [Daniel.Carpenter@Ct.gov](mailto:Daniel.Carpenter@Ct.gov) or via telephone at (860) 713-6153.

Thank you,

Daniel E. Carpenter, RPh.  
Drug Control Agent, Department of Consumer Protection  
450 Columbus Blvd. Suite 910  
Hartford, Ct. 06103  
[Daniel.Carpenter@ct.gov](mailto:Daniel.Carpenter@ct.gov)  
TEL: (860) 713-6153  
Fax: (860) 706-5365

## **Jennifer Martin**

66 Oak Bluff Road, Milford, CT 06461

Tel. (203) 343-7878

To Whom It May Concern:

This statement is submitted in response to Shawna Holzer's request that I provide additional information regarding my report to her that I had found 3 yellow tablets appearing to be Klonopin, in my pocket. I made this voluntary self report to Shawna on January 17, 2017.

The following is my detailed explanation of the circumstances surrounding the event:

On April 15, 2017, I was finishing my last patient visit in Fairfield, CT, when I was contacted by Heidi, and directed to see a patient in Orange, CT. I explained to Heidi, that I had no report on this patient and that no schedule had been printed out for the primary care nurse. I requested the on-call nurse to please ask the nurse who usually sees this patient to please see the patient on this day. I received a call back from Courtney who said that she had spoken to Marianne Gurga about this patient. She said I needed to see the patient. I was able to get report from Jennie King who stated Noreen Palmer should have given me report. I then contacted Noreen who stated I should have gotten report from Jennie. I was warned by nurse Jennie that I should be afraid that the patient would be very angry.

I arrived at the patient's home. When I opened the patient's medication box and counted the bottle of Klonopin, I was not able to reconcile the count, which was a mixture of whole and half tabs, which was in the bottle and pre-poured containers. I added what was put into daily containers by the previous nurse. It was still off. I then received a text from Marianne (supervisor) accusing me of not getting the schedule and not getting report, even though I had done so. I became very flustered over this, finished checking the patient's medications and administered medications to the patient. During this process I conferred with the patient who confirmed the meds were correct. I thought I had reconciled the medications at this time. I finished the patient visit and left. I continued getting texts from Marianne (supervisor) who then advised me that Heidi (typist) had left the patient off of the schedule and that people make mistakes. The supervisor stated she had been bothered all day by phone calls and she is not on call. She then told me I would have to see the same patient the next day.

On 4-16-17 Easter am-I could not find the lock box keys. I called Tanya Pcn and informed her that I could not find the keys. I asked her if I could borrow her set. I obtained the set of keys, saw this patient as my first patient visit. I then entered the home and saw the keys in the lock box. I switched Tanya's keys into my left hand used my right hand to open the box. I took out the medications and began to pour for the week when I realized I needed to recount first. When I did the recount, I was unable to reconcile the medication because it was over by 3. Not realizing I had already subtracted the number of tablets poured, I then added the date of 4- 17-17 on reconciliation sheet, without subtracting and leaving a blank space. When looking at it I realized that when I subtracted it the count would be correct.

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On 4-17-17 I gave report to nurses Jennie and Noreen. I received texts from Marianne stating I needed to call the office. I received a text from Jennie that she had made a mistake and had been over on her count for this patient. She apologized. I called the supervisor. She asked why I hadn't told her I had left keys. I explained that after what happened the day before, I would have only bothered her if I didn't have keys to use. I spoke with her about count being off. I asked the supervisor how the count could be off because I had such trouble with it. She stated it was because I had left the keys in the box. A couple hours later when obtaining keys from the pocket I had put Tanya's keys in, I found 3 yellow tablets that appeared to be the patient's Klonopin. I must have inadvertently placed the pills into my pocket, though I have no recall of doing so. I self-reported my mistake to the supervisor and she told me to bring the tablets to the office and not to the patient's home. I did so and put the pills in the lock box.

On 4-18-17, I was told to come to the office to give Shawna a statement. I verified with Shawna that these were the patient's missing and correct medication.

The foregoing is based upon my best recollection of the events. I would be happy to discuss this further with you.

Sincerely,

Jennifer Martin

N [REDACTED], A [REDACTED] (2017-453-33-0007)

**IMPORTANT -**

\* Must be submitted to Agency within 24 hours of incident

**Client Patient Incident Report**

Patient	N [REDACTED]	Agency	New Haven BH - [REDACTED]
	A [REDACTED]	Agency Phone Number	2037879855
Incident Date	04/15/2017	Agency State	Connecticut
Report Date	04/17/2017	Incident location - facility or home	Home
Gender	Male	Incident location - specific	Living Room
Birth Date	[REDACTED]	Event Description	Jennifer Martin LPN made a home visit on 4/15/2017. She administered his meds. According to Jennifer Martin, the count for Klonopin was correct at that time. She left her keys to the lock box in the lock of the lock box and left the residence. She did not know she left them there. She borrowed another nurses keys to do her visits and found hers in the lock box of A [REDACTED] N [REDACTED] on Sunday 4/16/17. Jennifer says initially she thought the count was off by 3 but says it was correct after she recounted the klonopin. Jennie Oronzio went to see the patient on Monday 4/17/17. Jennie reported to Marianne Gurga CTM that she was with
Claimant Age	[REDACTED]		
Diagnosis	[REDACTED]		
Medical Record Number	[REDACTED]		

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A[REDACTED] N[REDACTED] and he reports that the nurse left her keys in the lock box Saturday after her visit and came on Sunday to find them where she left them. He denies touching the keys or the meds in the box. Jennie found the Klonopin count to be off by 3 pills on her count this am. (4/17/17)

**Physician - Nurse Practitioner Details**

Physician/Nurse Practitioner

Delly Alcantara-Cadillo

Date Phys/NP notified

04/17/2017

Time Phys/NP notified

11:30 AM

**Incident Cause**

Select all that apply

Patient Event Type

Medication count off

**IMPORTANT -**

\* Complete the details for the causes below

**Incident Details**

Injury type

\*No Physical Injury

EMS called

No

Transported for treatment

No

**Findings and Actions Taken**

Result \*

Other



Changes to physician's orders as result



Patient incident findings \*

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- Abandonment
- Abuse
- Misappropriation/Exploitation
- Neglect
- Not Preventable
- Origin established
- Reasonably related to condition
- Unknown origin

Patient incident - actions taken \*

- Adaptive equipment
- Care plan revision
- First aid
- Medical treatment
- No further action
- Other
- Procedure revision
- Staff employment termination
- Staff training/counseling

Treatment Received

no treatment required

Current Medical Condition

Jennifer Martin called Marianne Gurga at 2:20pm to inform her that she had the missing pills. Jennifer stated that she is embarrassed and knows it looks bad but she thinks she put the pills with her keys in the top pocket of her scrubs. Jennifer was informed not to return to the patient's home by Marianne Gurga. A phone call and email have been made to Stephanie Bossmeyer in HR. Awaiting recommendations.

Additional follow up with family

No

Issues with the patient's family \*

No

Family Issues Description

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**Associated Parties Details**

Employee-Witness-Family Member name      Phone Number      Relation      Present During Incident

New Party Involved

Upload File

[Save Changes](#) or [Logout](#)

**Notifications**

Notify Clinical Manager

Please enter a VALID email address below:

Clinical Manager email

mariannegurga@patientcare.com

Notify Director of Professional Services

Please enter a VALID email address below:

Director of Professional Services email

shawnaholzer@patientcare.com

Notify Executive Director

Please enter a VALID email address below:

Executive Director email

nicolecroyle@almostfamily.com

Notify Cor. Dir. of Risk Management

Corporate Risk Management email

mariacox@almostfamily.com

Notify Corp Dir. of HR

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**Reviews**

**Incident Serverity -**

- An incident is any planned or unplanned event that causes injury or the potential for injury to a patient.
- 1 = No Injury - an incident that results in no harm. Incident that does not physically impact the patient (i.e. theft, damaged to patient property, failure to provide ordered discipline, etc.)
  - 2 = Minor Harm - incident that reaches the patient and results in minimal harm and/or detectable harm that may require first aid. (i.e. scrape, cut, laceration, skin tear, bruise, medication error/omission, fall with minor injury, minor burn, etc.)
  - 3 = Harm - an incident that reaches the patient and results in moderate harm and results in hospitalization or medical treatment beyond first aid (i.e. fall with fracture, serious adverse drug reaction, serious medication errors, labs not drawn, suspected neglect, physical/verbal/sexual abuse, serious burn, stage III/IV decubitus ulcer, elopement, etc.).
  - 4 = Sentinel event - an event causing death, permanent harm or severe temporary harm and intervention required to sustain life. Death unrelated to the natural course of a disease or diagnosis. A threat or announcement of intent to file suit.

**Report Prepared by:**

Report prepared by	Marianne Gurga RN
Report prepared by - email	 Mariannegurga@patientcare.com
Report prepared by - position	clinical manager
Incident severity	1 - No Harm <input checked="" type="checkbox"/>

**Agency Management Signoff:**

Agency Management Sign Off	<u>Shawna Holzer</u>
Agency Management Sign-Off Email *	<u>shawnaholzer@patientcare.com</u>

Agency Management Position

Agency Director

Agency Management review and comments

Stephanie Bossmeyer gave approval to suspend pending investigation.

Shawna Holzer left a message for Pamela Jones, DEA, Drug Control Agent on 4/18/17. She returned the call on 4/19/17 and stated we should send her the incident, staff statements and the documentation regarding the drug destruction.


Sign off date

04/17/2017

**File and Picture Attachments**

Filename	Description	Folder	Entry Date
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Filename	Description	Folder	Entry Date
 IncidentAbstract.pdf	Incident Details		04/17/2017 12:10 PM

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# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Certified Mail Receipt \_\_\_\_\_

91 7199 9991 7038 0779 9855

February 15, 2018

Jennifer B Martin  
66 Oak Bluff Rd  
Milford, CT 06461-1630

Re: Petition No. 2018-142

Dear Ms. Martin:

This office recently received a complaint from the Connecticut Department of Consumer Protection, Drug Control Division, regarding you as a licensee of the Connecticut Department of Public Health. In accordance with Connecticut General Statutes §19a-14(10) and §19a-14(11), the Department is required to investigate such complaints.

The Department has reviewed the circumstances identified in the Department of Consumer Protection Drug Control Report and the information indicates that you may be a candidate for referral to the HAVEN (Health Assistance interVention Education Network) program. The HAVEN program was created pursuant to Connecticut General Statutes Section 19a-12a. I have enclosed a copy of a summary of the program prepared by HAVEN.

You must contact the undersigned at 860-509-7552 regarding this matter by **February 26, 2018**. If the Department does not receive a response to this letter, please be informed that this file will be referred to our Legal Office for possible action against your license.

Please also be aware that you are entitled to an attorney throughout this process, if you choose.

If you have any questions, please contact this office.

Sincerely,

Jolanta M. Gawinski, R.N.  
Health Program Supervisor  
Practitioner Licensing and Investigations Section



Phone: (860) 509-7552  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12HSR  
P.O. Box 340308 Hartford, CT 06134  
An Equal Opportunity Employer

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Welcome to the CPMRS

450 Columbus Blvd, Suite 901  
Hartford, CT 06103  
(860) 713-6073 dcp.pmp@ct.gov

Report Prepared: 03/20/2018

Patient Report

Date Range: 03/20/2017 - 03/20/2018

jennifer martin

Linked Records			
Name	DOB	ID	Gender
JENNIFER MARTIN	[REDACTED]	1	female
			Address
			66 OAK BLUFF RD MILFORD CT 06461

Report Criteria

First Name: jennifer, Last Name: martin, DOB: [REDACTED], ZIP Code: [REDACTED], City: [REDACTED], State: [REDACTED], Phone: [REDACTED], SSN: [REDACTED], DL: [REDACTED]

Summary

Prescriptions:43	Prescribers:3	Pharmacies:4	Private Pay:13	Active Daily MME:307.5
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Prescriptions

Filled	ID	Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy*	Refills	MME/D	Pynt Type	PMP
	1	02/22/2018	CARISPRODOL 350 MG TABLET	90.0	30	MI ROB	4636979	THE S (2574)	1		Comm Ins	CT
	1	02/22/2018	FENTANYL 100 MCG/HR PATCH	10.0	30	MI ROB	2624239	THE S (2574)	0	240.0	Comm Ins	CT
	1	02/22/2018	OXYCODONE HCL 15 MG TABLET	90.0	30	MI ROB	2624238	THE S (2574)	0	67.5	Comm Ins	CT
	1	02/22/2018	CARISPRODOL 350 MG TABLET	90.0	30	MI ROB	4636979	THE S (2574)	0		Comm Ins	CT
	1	12/19/2017	OXYCODONE HCL 15 MG TABLET	90.0	30	MI ROB	2624090	THE S (2574)	0	67.5	Comm Ins	CT
	1	12/19/2017	FENTANYL 100 MCG/HR PATCH	10.0	30	MI ROB	2624091	THE S (2574)	0	240.0	Comm Ins	CT

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Filed	ID	Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy*	Refills	MME/D	Pymt. Type	PMP
01/14/2018	1	12/19/2017	CARISOPRODOL 350 MG TABLET	90.0	30	MI ROB	4636544	THE S (2574)	1		Comm Ins	CT
12/22/2017	1	12/19/2017	FENTANYL 100 MCG/HR PATCH	10.0	30	MI ROB	2623990	THE S (2574)	0	240.0	Comm Ins	CT
12/21/2017	1	12/21/2017	OXYCODONE HCL 15 MG TABLET	90.0	30	MI ROB	2623919	THE S (2574)	0	67.5	Comm Ins	CT
12/20/2017	1	12/19/2017	CARISOPRODOL 350 MG TABLET	90.0	30	MI ROB	4636544	THE S (2574)	0		Comm Ins	CT
11/25/2017	1	10/26/2017	FENTANYL 100 MCG/HR PATCH	10.0	30	MI ROB	2623778	THE S (2574)	0	240.0	Comm Ins	CT
11/23/2017	1	11/23/2017	OXYCODONE HCL 15 MG TABLET	90.0	30	MI ROB	00980139	CONNNE (9189)	0	67.5	Private Pay	CT
11/22/2017	1	10/26/2017	CARISOPRODOL 350 MG TABLET	90.0	30	MI ROB	4636192	THE S (2574)	1		Comm Ins	CT
10/26/2017	1	10/26/2017	OXYCODONE HCL 15 MG TABLET	90.0	30	MI ROB	2623638	THE S (2574)	0	67.5	Comm Ins	CT
10/26/2017	1	10/26/2017	FENTANYL 100 MCG/HR PATCH	10.0	30	MI ROB	2623642	THE S (2574)	0	240.0	Comm Ins	CT
10/26/2017	1	10/26/2017	CARISOPRODOL 350 MG TABLET	90.0	30	MI ROB	4636192	THE S (2574)	0		Comm Ins	CT
10/10/2017	1	08/28/2017	FENTANYL 100 MCG/HR PATCH	10.0	30	MI ROB	2623500	THE S (2574)	0	240.0	Comm Ins	CT
09/29/2017	1	08/29/2017	OXYCODONE HCL 15 MG TABLET	90.0	30	MI ROB	2623481	THE S (2574)	0	67.5	Comm Ins	CT
09/19/2017	1	08/29/2017	CARISOPRODOL 350 MG TABLET	90.0	30	MI ROB	4635928	THE S (2574)	0		Comm Ins	CT
09/11/2017	1	09/11/2017	DEXTROAMP-AMPHETAMIN 20 MG TAB	60.0	30	RA MAH	1505280	COSTC (5453)	0		Private Pay	CT
09/03/2017	1	08/29/2017	FENTANYL 100 MCG/HR PATCH	10.0	30	MI ROB	2623338	THE S (2574)	0	240.0	Comm Ins	CT
08/29/2017	1	08/29/2017	OXYCODONE HCL 15 MG TABLET	90.0	30	MI ROB	00953510	CONNNE (9189)	0	67.5	Private Pay	CT
08/25/2017	1	08/27/2017	CARISOPRODOL 350 MG TABLET	90.0	30	MI ROB	00955952	CONNNE (9189)	1		Private Pay	CT
08/10/2017	1	08/10/2017	DEXTROAMP-AMPHETAMIN 20 MG TAB	60.0	30	RA MAH	1502554	COSTC (5453)	0		Private Pay	CT
08/04/2017	1	07/27/2017	FENTANYL 100 MCG/HR PATCH	10.0	30	MI ROB	1501938	COSTC (5453)	0	240.0	Private Pay	CT
07/27/2017	1	07/27/2017	OXYCODONE HCL 15 MG TABLET	90.0	30	MI ROB	1501146	COSTC (5453)	0	67.5	Private Pay	CT
07/27/2017	1	07/27/2017	CARISOPRODOL 350 MG TABLET	90.0	30	MI ROB	1501147	COSTC (5453)	0		Private Pay	CT
07/11/2017	1	07/11/2017	DEXTROAMP-AMPHETAMIN 20 MG TAB	60.0	30	RA MAH	1499755	COSTC (5453)	0		Private Pay	CT
07/07/2017	1	06/29/2017	FENTANYL 100 MCG/HR PATCH	10.0	30	MI ROB	1499326	COSTC (5453)	0	240.0	Private Pay	CT
06/27/2017	1	06/27/2017	OXYCODONE HCL 15 MG TABLET	90.0	30	MI ROB	00935953	CONNNE (9189)	0	67.5	Private Pay	CT
06/27/2017	1	06/27/2017	CARISOPRODOL 350 MG TABLET	90.0	30	MI ROB	00935952	CONNNE (9189)	0		Private Pay	CT

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Filed	ID	Written	Drug	QTY	Days	Prescriber	Rx #	Pharmacy*	Refills	MME/D	Pynt Type	PMP
06/15/2017	1	06/15/2017	DEXTROAMP-AMPHETAMIN 20 MG TAB	60.0	30	RA MAH	00932779	CONNNE (9189)	0		Private Pay	CT
05/30/2017	1	05/30/2017	OXYCODONE HCL 15 MG TABLET	90.0	30	AN MCD	00928429	CONNNE (9189)	0	67.5	Comm Ins	CT
05/30/2017	1	05/30/2017	FENTANYL 100 MCG/HR PATCH	10.0	30	AN MCD	00928430	CONNNE (9189)	0	240.0	Comm Ins	CT
05/30/2017	1	05/30/2017	CARISOPRODOL 350 MG TABLET	90.0	30	AN MCD	00928431	CONNNE (9189)	0		Comm Ins	CT
05/04/2017	1	05/04/2017	DEXTROAMP-AMPHETAMIN 20 MG TAB	60.0	30	RA MAH	00921744	CONNNE (9189)	0		Comm Ins	CT
05/02/2017	1	05/02/2017	OXYCODONE HCL 15 MG TABLET	90.0	30	MI ROB	00920890	CONNNE (9189)	0	67.5	Comm Ins	CT
05/02/2017	1	05/02/2017	FENTANYL 100 MCG/HR PATCH	10.0	30	MI ROB	01786693	CONNNE (4264)	0	240.0	Comm Ins	CT
05/02/2017	1	04/05/2017	CARISOPRODOL 350 MG TABLET	90.0	30	MI ROB	00913811	CONNNE (9189)	1		Comm Ins	CT
04/06/2017	1	04/06/2017	DEXTROAMP-AMPHETAMIN 20 MG TAB	60.0	30	RA MAH	00914255	CONNNE (9189)	0		Comm Ins	CT
04/05/2017	1	04/05/2017	OXYCODONE HCL 15 MG TABLET	90.0	30	MI ROB	00913814	CONNNE (9189)	0	67.5	Comm Ins	CT
04/05/2017	1	04/05/2017	FENTANYL 100 MCG/HR PATCH	10.0	30	MI ROB	00913813	CONNNE (9189)	0	240.0	Comm Ins	CT
04/05/2017	1	04/05/2017	CARISOPRODOL 350 MG TABLET	90.0	30	MI ROB	00913811	CONNNE (9189)	0		Comm Ins	CT

\*Pharmacy is created using a combination of pharmacy name and the last four digits of the pharmacy license number.

### Prescribers

Name	Address	City	State	Zip	Phone
MAHABIR, MD, RABINDRANATH	100 OXFORD RD	OXFORD	CT	06478	
MCDOWELL, ANDREW	1 LONG WHARF DR	NEW HAVEN	CT	06511	
ROBBINS, DO, MICHAEL J	1 LONG WHARF DR	NEW HAVEN	CT	06511	

### Dispensers

Pharmacy	Address	City	State	Zip	Phone
THE STOP & SHOP SUPERMARKT CO (2574)	855 BRIDGEPORT AVE	MILFORD	CT	06460	
COSTCO WHOLESALE CORPORATION (5453)	1718 BOSTON POST RD	MILFORD	CT	06460	2037013051

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Pharmacy	Address	City	State	Zip	Phone
CONNECTICUT CVS PHARMACY, L.L.C. (9189)	734 BRIDGEPORT AVE	MILFORD	CT	06460	4016656229
CONNECTICUT CVS PHARMACY, L.L.C. (4264)	24 PERSHING DR	ANSONIA	CT	06401	4016656229

**Disclaimer:**

The State of Connecticut does not warrant the information contained in this report to be accurate or complete. The report is based on the search criteria entered and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber.

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# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

### Practitioner Licensing and Investigations Section

Sent via regular and certified mail \_\_\_\_\_

April 11, 2018

Jennifer Martin  
66 Oak Bluff Rd.  
Milford, CT 06461-1630

Re: Petition No. 2018-142

Dear Ms. Martin,

This letter is a follow up to our meeting on 3/20/18. During this meeting, I asked you to sign releases of information for your medical providers and you stated that you wanted to review them with an attorney first. We agreed that you would send me these releases by 3/27/18. On 3/28/18, you contacted me and said that you were still waiting to hear back from your attorney. I left you a voicemail on 4/5/18, following up on this matter and have yet to receive a response.

I have discussed the above situation with my supervisor, Jolanta Gawinski and she requested that you come in for another meeting so we can resolve this situation. Please contact me at 860-509-7601 as soon as possible so we can set up this meeting.

If the Department does not receive a response to this letter by 4/18/18, please be informed that this file will be referred to our Legal Office for possible action against your license.

Sincerely,

*Paula DelGrego*  
Paula DelGrego, LMSW  
Practitioner Investigations Unit

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Phone: (860) 509-7552 • Fax: (860) 509-7535  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)





4

# HPM&B

ATTORNEYS AT LAW

DAVID J. ROBERTSON, ESQ.  
PARTNER  
DROBERTSON@HPMB.COM

855 MAIN STREET SUITE 1100 BRIDGEPORT, CT 06604  
TEL: (203) 382-9700 FAX: (203) 382-9730  
WWW.HPMB.COM

April 19, 2018

VIA EMAIL: Paula.Delgrego@ct.gov

Paula DelGrego, LMSW  
Practitioner Investigation Unit  
Department of Public Health  
State of Connecticut  
410 Capitol Avenue  
P.O. Box 340308  
Hartford, CT 06134-0308

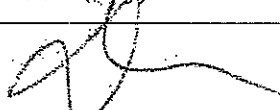
**RE: Jennifer Martin - Petition No.: 2018-142**

Dear Ms. DelGrego:

Please be advised that our office represents the interests of Jennifer Martin in the above referenced matter. All future communications should be through my office.

At this point I have your letter to Ms. Martin dated April 11, 2018. I would ask that you provide me with any other information that you have regarding the nature of the complaint or investigation that is being conducted regarding Ms. Martin.

Sincerely,



David J. Robertson

DJR/

HEIDELL, PITTONI, MURPHY & BACH, LLP

NEW YORK | CONNECTICUT | WESTCHESTER | LONG ISLAND

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**HPM&B**  
ATTORNEYS AT LAW

DAVID J. ROBERTSON, ESQ.  
PARTNER  
DROBERTSON@HPMB.COM

855 MAIN STREET SUITE 1100 BRIDGEPORT, CT 06604  
TEL: (203) 382-9700 FAX: (203) 382-9730  
WWW.HPMB.COM

June 12, 2019

**VIA EMAIL: Leslie.Scoville@ct.gov**

Leslie S. Scoville, Staff Attorney III  
Office of Legal Compliance  
Department of Public Health  
State of Connecticut  
410 Capitol Avenue  
P.O. Box 340308  
Hartford, CT 06134-0308

**RE: Jennifer Martin - Petition No.: 2018-142**

Dear Ms. Scoville:

Please be advised that I no longer represent Nurse Jennifer Martin. I have forwarded the information you sent me to her attention. You should communicate with her directly going forward.

Thank you.

Sincerely,



David J. Robertson

DJR/

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
NURSING BOARD  
LICENSURE HEARING

In Re:  
JENNIFER B. MARTIN, L.P.N.  
Petition No: 2018-142  
License No: 026303

HELD BEFORE: PATRICIA BOUFFARD, RN,  
THE CHAIRPERSON

DATE: December 16, 2020

TIME: 3:04 P.M.

PLACE: (Held Via Teleconference)

Reporter: Robert G. Dixon, N.P., CVR-M #857  
BCT Reporting, LLC  
55 Whiting Street  
Plainville, CT 06062



1 (Begin: 3:04 p.m.)

2  
3 THE HEARING OFFICER: Okay. So we'll go on the record.

4 This is a hearing for Jennifer B. Martin,  
5 LPN, Petition Number 2018-142, License  
6 Number 026303. Please let the record indicate  
7 that neither Ms. Martin nor counsel for Ms. Martin  
8 came forward.

9 And for the Department?

10 MS. SCOVILLE: Attorney Leslie Scoville for the  
11 Department.

12 THE HEARING OFFICER: Okay. Thank you.

13 And Attorney Schulman, do we have documents?

14 MS. SCOVILLE: Before we go into those -- oh, I'm  
15 sorry. Withdrawn.

16 MS. SCHULMAN: No, go ahead. Or you withdrew?

17 MS. SCOVILLE: Well, when we get to the documents that  
18 are already submitted from the Department I have  
19 some pages I'd like under seal because they're  
20 medical records of the Respondent.

21 MS. SCHULMAN: Okay.

22 MS. SCOVILLE: Otherwise --

23 THE HEARING OFFICER: Thank you.

24 MS. SCHULMAN: Okay. This might take me a little time  
25 because I didn't write this down. I knew there

1 was a request for a continuance, but it didn't  
2 come through.

3 There we go. We're okay.

4 We will start with a statement of charges  
5 dated February 26, 2020. That's entered into the  
6 record as Board Exhibit 1.

7  
8 (Board Exhibit Number 1, marked for  
9 identification and noted in index.)

10  
11 MS. SCHULMAN: Next we have the notice of hearing dated  
12 March 5, 2020, originally scheduling this hearing  
13 for April 15, 2020. This is entered into the  
14 record as Board Exhibit 2.

15  
16 (Board Exhibit Number 2, marked for  
17 identification and noted in index.)

18  
19 MS. SCHULMAN: Next is the notice of hearing  
20 postponement as a result of the Governor's  
21 declaration per public health and civil  
22 preparedness emergency. This is dated April 7,  
23 2020, and entered into the record as Board  
24 Exhibit 3.

1 (Board Exhibit Number 3, marked for  
2 identification and noted in index.)  
3

4 MS. SCHULMAN: I do not have an answer in the file.

5 THE HEARING OFFICER: Thank you, Attorney Schulman.

6 Do you want to enter the Department's  
7 documents?

8 MS. SCHULMAN: So Attorney Scoville, do you want it  
9 entered as one document -- I mean, as one exhibit?

10 MS. SCOVILLE: Yeah, one exhibit, please. Thank you.

11 MS. SCHULMAN: Okay.

12 MS. SCOVILLE: And I have page numbers I would like  
13 under seal because they're Respondent's medical  
14 records.

15 MS. SCHULMAN: Okay. So we are entering this packet  
16 which includes the investigative report. There is  
17 correspondence from the practitioner licensing and  
18 investigation section.

19 What else?

20 There is the drug control, the drug control  
21 division report from the Connecticut Department of  
22 Consumer Protection. It is 37 pages in length and  
23 it is entered into the record as Department  
24 Exhibit 1.

25 And Attorney Scoville, you tell me exactly

1           which pages you want sealed?

2   **MS. SCOVILLE:**   Thank you.

3           The Department is requesting that the  
4           following pages be entered under seal because they  
5           are medical records of the Respondent.

6           Page 3 -- do you want the list?

7   **MS. SCHULMAN:**   Yes.

8   **MS. SCOVILLE:**   Okay.   Page 3, page 12, page 31,  
9           page 32, page 33, page 34.

10   **MS. SCHULMAN:**   Okay.   So this entire packet is entered  
11           into the record as Department Exhibit 1; with  
12           pages 3, 12, 31 through 34 sealed.

13  
14           (Department Exhibit Number 1, marked for  
15           identification, noted in index; with pages 3, 12,  
16           and pages 31 through 34, sealed for privacy.)

17  
18   **THE HEARING OFFICER:**   Thank you.

19   **MS. SCOVILLE:**   Thank you.

20           And before we move into the substance of the  
21           case I'd like to direct attention to page 37 which  
22           is the last page of the document where the  
23           Respondent does not have an attorney as of  
24           June 12, 2019.

25   **THE HEARING OFFICER:**   Thank you, Attorney Scoville.



1           So at this point in time we -- Jason are you  
2 still here? Yeah.

3           So we've lost a quorum because Gina left. So  
4 whatever we do here will have to be -- any  
5 findings or remedies will have to be done after  
6 everyone on the board has reviewed the transcript.

7           So I think at this point in time do you want  
8 to do an opening statement, Attorney Scoville?

9 MS. SCOVILLE: I do. Thank you. And I hope it's  
10 brief, but if you look through the documents  
11 you'll see that there are quite a few issues with  
12 Respondent.

13           And also I want to make it part of the record  
14 that it's my understanding that Respondent called  
15 this afternoon to request a continuance, and that  
16 request was denied by the Board. And this case  
17 has been going on for quite a while. This  
18 involves things that have happened a few years  
19 ago.

20           And Respondent is not here. She obviously  
21 knew about the hearing because she called this  
22 afternoon to try to get it postponed again. And I  
23 really don't know what else to say other than  
24 there's no answer.

25           There has never been an answer from

1 Respondent to this case even though the first  
2 hearing was scheduled in March of this year. So  
3 that's almost a year. And the Department is  
4 filing a motion to deem allegations admitted in  
5 this case because there is no answer, and we're  
6 leaving the remedy up to the Board.

7 I would say that she has not filed an answer.  
8 She has not responded to the Department's  
9 attorneys frequent requests for information and  
10 contact. She's never contacted the Department and  
11 she has not responded to anything since this case  
12 was transferred to the Office of Legal Compliance.

13 So if the Board would take all of those into  
14 consideration and seriously consider revocation of  
15 her license. That's what we would be looking for.

16 Thank you.

17 THE HEARING OFFICER: Thank you.

18 MS. SCOVILLE: No closing statement.

19 THE HEARING OFFICER: And I just want to correct some  
20 information. She actually texted, 40 days, to Mr.  
21 Kardys this morning before the meeting began. So  
22 I just wanted to clarify that wasn't this  
23 afternoon, and she followed up --

24 MS. SCOVILLE: Oh, okay. Thank you.

25 THE HEARING OFFICER: And then we voted out of order

1 based on your objection to request for a  
2 continuance, which we sustained the objection, and  
3 moved forward with the hearing.

4 **THE HEARING OFFICER:** Thank you.

5 So was your opening your closing?

6 **MS. SCOVILLE:** Yes. I mean, my closing would be I'd  
7 also like to note that Respondent did provide a  
8 fairly detailed statement on pages 22 and 23. So  
9 that's something else the Board can take a look  
10 at.

11 Otherwise, we have no answer. We have no  
12 other information and that's what I'd like to  
13 highlight at this point.

14 Thank you.

15 **THE HEARING OFFICER:** All right. Thank you.

16 Just to clarify on a document, I believe that  
17 same statement from Ms. Martin was on pages 9 and  
18 10. It looked to me as if it was the same  
19 document.

20 **MS. SCOVILLE:** Oh, I'm sorry. Let me just -- I didn't  
21 think that was happening, but let me take a check,  
22 take a look here.

23 **THE HEARING OFFICER:** As far as I could tell I think it  
24 was exactly the same document, but submitted  
25 twice.

1 MS. SCOVILLE: Okay. And that may have also happened  
2 because the drug control report was included with  
3 the Department's report. So that was an exhibit  
4 with the Department's report.

5 So some of that information is duplicative,  
6 but it's part of the drug control report which was  
7 included in totality with the Department's  
8 investigation report.

9 THE HEARING OFFICER: So both the reference to page 22  
10 to 23 is really from the Department's assessment?

11 MS. SCOVILLE: Yes. Thank you.

12 THE HEARING OFFICER: Okay. All right. I wanted to be  
13 sure. It's getting late. So sometimes it could  
14 be two separate and after two years you would  
15 think that she might have responded -- well, three  
16 years now. You think she might have responded  
17 more than one time. Okay. So we will close this  
18 hearing and go off the record.

19  
20 (End: 3:13 p.m.)  
21  
22  
23  
24  
25

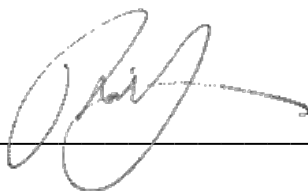
STATE OF CONNECTICUT

I, ROBERT G. DIXON, a Certified Verbatim Reporter within and for the State of Connecticut, do hereby certify that I took the above 10 pages of proceedings in Re: STATE OF CONNECTICUT, DEPARTMENT OF PUBLIC HEALTH NURSING BOARD LICENSURE HEARING, In Re: JENNIFER B. MARTIN, L.P.N., Petition No: 2018-142, License No: 026303; held before: PATRICIA BOUFFARD, RN., THE CHAIRPERSON, on December 16, 2020, (via teleconference).

I further certify that the within testimony was taken by me stenographically and reduced to typewritten form under my direction by means of computer assisted transcription; and I further certify that said deposition is a true record of the testimony given in these proceedings.

I further certify that I am neither counsel for, related to, nor employed by any of the parties to the action in which this proceeding was taken; and further, that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of the action.

WITNESS my hand and seal the 31st day of December, 2020.



Robert G. Dixon, N.P., CVR-M No. 857

My Commission Expires 6/30/2025

1 INDEX

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10 \*(Pages 3, 12, and pages 31 through 34, sealed for  
11 privacy.)

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

In re: Dawn Jaros, L.P.N.

Petition No. 2020-459

**MOTION TO WITHDRAW STATEMENT OF CHARGES**

The Department of Public Health (hereinafter "the Department") hereby moves the Connecticut Board of Examiners for Nursing for an Order granting this Motion to Withdraw. As grounds for this Motion, the Department states that on January 7, 2021, respondent signed a Voluntary Surrender of License Affidavit. A copy of respondent's Affidavit is attached hereto marked as Attachment "A." The Department has accepted respondent's Affidavit.

1/11/21

\_\_\_\_\_  
Date

The Department of Public Health  
/s/Brittany Petano

\_\_\_\_\_  
By: Brittany C. Petano, Staff Attorney  
Office of Legal Compliance

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

In re: Dawn Jaros, L.P.N.  
License No.: 028004

Petition No. 2020-459

VOLUNTARY SURRENDER OF LICENSE AFFIDVIT

Dawn Jaros, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice nursing. I presently hold license number 028004.
4. In consideration of this Voluntary Surrender, I have chosen not to contest the allegations in Petition Number 2020-459, but, while admitting no guilt or wrongdoing, I hereby voluntarily surrender my license to practice nursing in the State of Connecticut as provided pursuant to Section 19a-17(d) of the General Statutes.
5. I agree and acknowledge that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2020-459 shall be deemed true in any future proceedings with the Department and/or Connecticut Board of Examiners for Nursing (hereinafter "the Board"). I further agree and acknowledge that any such application must be made to the Department which shall have discretion as to whether said license shall be issued or reinstated and, if so, whether said license shall be subject to conditions as provided pursuant to Section 19a-14(a)(6) of the General Statutes.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I agree and acknowledge that this affidavit and the case file in Petition Number 2020-459 contain public documents, subject to statutory restrictions, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I agree and acknowledge that this surrender of my license is reportable to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services and is public information.
9. I agree and acknowledge that upon execution by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in

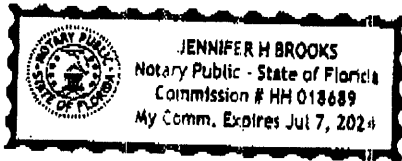


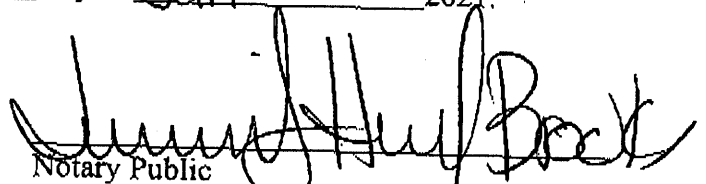
Petition Number 2020-459. I understand that this document has no effect unless and until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed.

10. I agree and acknowledge that I have the right to consult with an attorney prior to signing this affidavit.
11. I agree and acknowledge that 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 Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.
12. I agree and acknowledge that the purpose of this agreement is to resolve the pending matters against my license and is not intended to affect any claim of civil liability that might be brought against me.
13. If applicable, I agree to comply with the provision of Section 19a-14-44 Regulations Connecticut State Agencies.

  
Dawn Jaros

Subscribed and sworn to before me this 7<sup>th</sup> day of Jan 2021.



  
Notary Public  
Commissioner of Superior Court

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

\_\_\_\_\_  
Date

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

2020-816            In re:        Brenda Berg, R.N.

Petition No.

**CONSENT ORDER COVER SHEET**

1. Brenda Berg of Thomaston, Connecticut graduated from St. Mary's School of Nursing and was licensed to practice nursing in 1992.
2. In 2014, respondent suffered from a substance abuse disorder resulting in an agreement not to renew her license in May 2016.
3. Respondent has since been actively involved in recovery.
4. The proposed Reinstatement Consent Order includes four years of probation with urine screens, therapy and employer reports, anonymous support groups, refresher and NCLEX. Respondent will be permitted narcotic access because she abused alcohol.
5. The Department and respondent respectfully request the Board to accept the proposed

Consent Order.

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

In re: Brenda Berg, R.N.

Petition No. 2020-816

**REINSTATEMENT CONSENT ORDER**

WHEREAS, Brenda Berg of Thomaston, Connecticut (hereinafter "respondent") has been issued license number E54939 to practice as a registered nurse by the Department of Public Health (hereinafter "the Department") pursuant to Connecticut General Statutes, Chapter 378, as amended.

WHEREAS, in May 2016, respondent agreed not to renew her license due to a substance abuse disorder.

WHEREAS respondent admits:

1. In May 2016, respondent suffered from a substance abuse disorder which did, and/or may have, affected her practice of nursing.
2. The conduct described above constitutes grounds for denial of respondent's application for reinstatement pursuant to Connecticut General Statutes §19a-14(a)(6).

NOW THEREFORE, pursuant to Connecticut General Statutes §§19a-17 and 20-99, as amended, respondent hereby stipulates and agrees as follows:

1. She waives her right to a hearing on the merits of this matter.
2. Respondent's license to practice as a registered nurse shall be reinstated when she satisfies the requirements for reinstatement of her license as set forth in Connecticut State Regulations of Agencies §§19a-14-1 through 19a-14-5, inclusive, and this Reinstatement Consent Order is executed by all parties.

3. Immediately upon reinstatement, respondent's nursing license shall be restricted in that she is prohibited from the practice of nursing and may only use her registered nurse license solely for participation in the refresher program referenced in paragraph 4 below. Respondent shall not return to the practice of nursing without written pre-approval from the Department. Respondent further understands that any return to the practice of nursing without pre-approval from the Department shall constitute a violation of this Reinstatement Consent Order and may subject her to further disciplinary action.
4. Upon reinstatement but prior to commencing the practice of nursing, respondent shall, at her sole expense, attend and successfully complete a registered nurse refresher program which shall include a clinical component ("refresher program"), pre-approved by the Department. Respondent shall be responsible for providing certification of her successful completion of the refresher program ("certificate") to the Department directly from the educational institution where the refresher program was taken within thirty (30) days of completion. After providing the Department with said certificate, respondent shall, at her sole expense and pre-approved by the Department, register for and successfully complete the National Council Licensing Exam (hereinafter "NCLEX") offered by the National Council of State Boards of Nursing. Respondent shall contact the Department in writing within thirty (30) days of receiving a passing grade on the NCLEX exam.
5. Upon written notification from the Department that she has satisfied the terms set forth in paragraph 4 above, respondent's registered nurse license shall be placed on probation for four (4) years, subject to the following terms and conditions:
  - A. At her own expense, she shall engage in therapy and counseling with a Connecticut licensed or certified therapist (hereinafter "therapist") approved by the Board and the Department for the entire probationary period.
    - (1) She shall provide a copy of this Reinstatement Consent Order to her therapist.

- (2) Her therapist shall furnish written confirmation to the Board and the Department of his or her engagement in that capacity and receipt of a copy of this Reinstatement Consent Order within fifteen (15) days of the effective date of this Reinstatement Consent Order
- (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, he or she shall advise the Board and the Department. Said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist shall not occur until approved by the Board after consultation with the Department. However, if therapy is terminated with approval of the Board, Respondent's therapist shall continue to monitor her alcohol and drug free status by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph B below, and by providing the reports described in paragraph C below.
- (4) The therapist shall immediately notify the Board and the Department in writing if respondent discontinues therapy and/or terminates his/her services.

B. Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. Respondent shall inform said health care professional of respondent's substance abuse history.

- (1) At her own expense, she shall submit to observed random urine screens for drugs and alcohol, in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as ("Attachment 'A': Department Requirements for Drug and Alcohol Screens") at a testing facility approved by the Board, after consultation with the Department, as ordered by her therapist and/or personal physician. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Board and

the Department by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.

- (2) Respondent shall be responsible for notifying the laboratory, her therapist and the Department and her prescribing practitioner of any drug(s) she is taking. For the prescription of a controlled substance(s) for more than two consecutive weeks, the Respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports to the Board and the Department, until such time as the controlled substance(s) are not prescribed by the provider, documenting the following:
  1. A list of controlled substances prescribed by this provider for the respondent.
  2. A list of controlled substance(s) prescribed by other providers.
  3. An evaluation of the respondent's need for the controlled substance.
  4. An assessment of the respondent's continued need for the controlled substance(s).
- (3) There must be at least one (1) such observed random alcohol/drug screen and accompanying laboratory report every week for the first and fourth years of probation; and, at least two (2) such screens and report every month for the remainder of the probationary period.
- (4) There must be at least two (2) random tests for Ethylglucuronide (EtG) and accompanying laboratory reports every month for the first and fourth years of probation and at least (1) such random test and report every month for the remainder of the probationary period.
- (5) All screens shall be negative for the presence of drugs 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

Reinstatement Consent Order. Respondent understands and agrees that if she fails to submit a urine sample when requested by her monitor, such missed screen shall be deemed a positive screen.

(6) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.

(7) Respondent is hereby advised that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol and as a defense of an EtG at 1000ng/mL or higher. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the term of this Reinstatement Consent Order. In the event Respondent has a positive screen for morphine, opiates and/or alcohol or if respondent's test reports an EtG at 1000ng/mL or higher, respondent agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines or remedies shall not constitute a defense to such a screen.

C. Respondent shall be responsible for the provision of written reports from her therapist to the Department for the entire probationary period; monthly for the first and fourth year of probation; and, quarterly reports for the second and third year of probation. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of her drug and alcohol free status as established by the observed random urine screens for drugs and alcohol, an evaluation of her ability to safely and competently practice nursing, and copies of all laboratory reports. A therapist report indicating that respondent is not able to practice nursing safely and competently shall be deemed to be a violation of this Reinstatement Consent Order.

- D. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Board and the Department any confirmed positive alcohol/drug screen and any conduct or condition on respondent's part which does or may violate any federal or state statute or regulation applicable to her profession.
- E. Respondent shall provide a copy of this Reinstatement Consent Order to all current and future nursing employers for the duration of her probation.
- F. Respondent shall not be employed as a nurse for a personnel provider service, assisted living services agency, homemaker-home health aide agency, or home health care agency, and shall not be self-employed as a nurse for the period of her probation.
- G. Respondent shall be responsible for the provision of written reports to the Department from her nursing supervisor (i.e., Director of Nursing) monthly for the first and fourth year of her probation; and quarterly for the second and third year of probation. Respondent shall provide a copy of this Reinstatement Consent Order to all employers if employed as a nurse during the probationary period. The Board and 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 Reinstatement Consent Order. Employer reports shall include documentation of respondent's ability to practice nursing safely and competently and shall be issued to the Department at the address cited in paragraph N below. An employer report indicating that respondent is not practicing nursing safely and competently shall be deemed to be a violation of this Reinstatement Consent Order.
- H. During the entire probationary period, respondent shall attend "anonymous" or support group meetings on an average of eight times per month and shall provide quarterly reports to the Department concerning her record of attendance.
- I. Respondent shall notify the Department in writing of any change of nursing employment within fifteen (15) days of such change.



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

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

- 6. Respondent shall comply with all federal and state statutes and regulations applicable to her license.
- 7. Any violation of the terms of this Reinstatement Consent Order without prior written approval by the Board shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard. Respondent shall pay all costs necessary to comply with this Reinstatement Consent Order.
- 8. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude its right to act later. The Department shall not be required to grant future extensions of time or grace periods.
- 9. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Department.

10. Respondent understands this Reinstatement Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Board in which (1) her compliance with this Reinstatement Consent Order is at issue, or (2) her compliance with Connecticut General Statutes §20-99(b), as amended, is at issue.
11. In the event respondent violates a term of this Reinstatement Consent Order, respondent agrees immediately to refrain from practicing as a registered nurse, upon request by the Department, with for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45-day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes §§ 4-182(c) and 19a-17(c). Respondent understands that the Board has complete and final discretion as to whether a summary suspension is ordered.
12. If, during the period of probation, respondent practices nursing outside Connecticut, she shall provide written notice to the Department concerning such employment. During such time, respondent shall not be responsible for complying with the terms of probation of this Reinstatement Consent Order, and such time shall not be counted in reducing the probationary period covered by this Reinstatement Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of nursing in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 5 above.

13. In the event respondent violates any term of this Reinstatement Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
14. This Reinstatement 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 understands that this Reinstatement 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. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Reinstatement Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes, Chapters 54 and 368a, provided that this stipulation shall not deprive respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
15. Respondent permits a representative of the Department to present this Reinstatement Consent Order and its factual basis to the Department. Respondent understands that the Department has complete and final discretion as to whether an executed Reinstatement Consent Order is approved or accepted.
16. This Reinstatement Consent Order is a revocable offer of settlement, which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
17. This Reinstatement Consent Order is effective on the first day of the month immediately following the month in which this Reinstatement Consent Order is approved and accepted by the Department.
18. Respondent has the right to consult with an attorney prior to signing this document.
19. Respondent understands this Reinstatement Consent Order is a public record and shall be reported to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank maintained by the United States Department of Health and Human Services.
20. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the

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

21. This Reinstatement 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 Reinstatement Consent Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

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

Brenda Berg  
Brenda Berg

Subscribed and sworn to before me this 2nd day of December 2020.

BARBARA J. MUELLER  
NOTARY PUBLIC  
My Commission Expires Dec. 31, 2021

Barbara J. Mueller  
Notary Public or Commissioner Superior Court

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 21<sup>st</sup> day of December, 2020, it hereby ordered and accepted.

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

Janet M. Bancroft  
MPH  
Public Health Services  
Manager

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the \_\_\_\_\_ day of \_\_\_\_\_, 2020, it is hereby ordered and accepted.

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

## MEMORANDUM

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TO: Office of Licensure, Regulation & Compliance

FROM: Dana Dalton, SNC, PLIS 

DATE of Referral: 9/29/20

RE: Brenda Berg RN

Lic. Exp. Date 5/16

Discipline -RN

Petition Number: 2020-816

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Recommendation: Reinstatement Consent Order

- 4 years' probation
- No narcotic key restriction
- Weekly urine screens for the first and fourth years, twice monthly for the second and third years
- Therapy and employer reports monthly for the first and fourth years and quarterly for the second and third years
- Refresher course
- NCLEX

Summary:

- Ms. Berg was first issued a RN license in CT in 1992.
- Ms. Berg was referred to HAVEN by her employer in 2014 for alcohol abuse. She was unable to maintain her sobriety and signed a VANR on 5/18/16.
- Ms. Berg has provided evidence of her recovery and has actively participated in treatment and support groups.
- Urine toxicology results from December 2019 until April 2020 were provided and were all negative. She has not tested through her treatment provider since April due to Covid. In the interim her landlord has performed random UDS and breathalyzers which have all been negative.
- Ms. Berg plans to take the online refresher course with NLN in October.
- Last worked as a RN in May 2011.

Thank you.

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

INVESTIGATIVE REPORT  
September 23, 2020

**Investigation of Petition # 2020-816**

**Respondent's Name:** Brenda Berg

Address: 104 Ridgewood Acres  
Thomaston, CT 06787-1037

**Licensure Information:**

**License No.** 10.E5493

**Issued:** 09/10/1992

Voluntary Agreement Not to Renew on: 5/15/2016

**Investigated by:** Dana M. Dalton, RN, MSN, CMBI  
Supervising Nurse Consultant

**Allegation:**

1. While licensed as a RN, respondent agreed not to renew her license in May 2016 due to substance use disorder. She now applies for the reinstatement of her license (**Exhibit A**).

**Summary**

- A. Respondent was licensed initially in Connecticut as a Registered Nurse in 1992.
- B. Respondent was referred to HAVEN by her employer in 2014 for alcohol abuse. She was unable to maintain her sobriety and signed a VANR on 5/18/16 (**Exhibit B**).
- C. Ms. Berg plans to take the online refresher course with NLN in October.
- D. Last worked as a RN in May 2011.
- E. Respondent was asked to provide background and recovery evidence. She provided the following:
  1. **Personal statement (Exhibit C1):**
    - a. Her struggle with depression and alcoholism began around her 40<sup>th</sup> birthday after receiving news she would not be able to have her own child.
    - b. She used alcohol as her one and only coping skill.
    - c. Eventually the alcohol affected her physical, mental and spiritual health to the point of wanting to die.
    - d. She initially went into treatment because she was told she had to, not because she wanted to and she had continued relapses.
    - e. She finally admitted she was an alcoholic and asked for help, reunited with a sponsor and worked the 12 steps of Alcoholics Anonymous and now is a sponsor herself.
    - f. She practices prayer, mindfulness, medication and yoga to maintain her spirituality and is an active member of her church.

- g. She takes medication for her depression and attends weekly counseling sessions.
- h. She plans to start the online RN refresher course through NLN in October.

**2. Email from respondent (Exhibit C2):**

- a. She is attending 5-7 meetings per week via Zoom and provided the ID numbers for the meetings she attends, she will keep a log going forward.
- b. She has not done chain of custody urine screens since April, but has had random urines and breathalyzers through her landlord.

**3. Records and statement from McCall Foundation (Exhibit D)**

- a. Respondent has successfully completed programming and maintained an extended period of abstinence from substances.
- b. Her mental health symptoms are stabilized.
- c. No concerns regarding her ability to administer safe nursing care.
- d. She has completed residential and halfway house treatment and has continued services on an outpatient basis. She utilizes all resources available to her.
- e. She attends monthly medication management sessions and is prescribed Celexa 20 mg.
- f. Urine toxicology results from December 2019 until April 2020 were provided and were all negative.

**4. Statement from Paul Bradley, 2<sup>nd</sup> Chance Recovery (Exhibit E):**

- a. He has known the respondent for 3 years and she has lived in his house since May 2020.
- b. She is a delight as a tenant and is clean, polite and respectful.
- c. She has had zero positive drug screens and has not failed any breathalyzer tests.
- d. He has had no issues with her or any complaints about her.

**5. Statement from employer (Exhibit F):**

- a. Respondent has been employed at "A Journey of Discovery, Child Care Center, LLC" since 2/4/20.
- b. She is always on time and often stays late to ensure everything is complete before she leaves.
- c. She is always happy and full of energy and the children in her room "love her tremendously".
- d. She has become an integral part of the center and they enjoy her working there.

**6. Personal References (Exhibit G):**

- a. Letter from B.G. She is a long time friend of respondent and believes respondent has turned her life around and deserves a second chance to be a nurse.
- b. Letter from M.C. She is a sober member of AA and is respondent's sponsor. Respondent has worked hard and is clean and sober and should be given another chance to be a nurse.



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**Exhibit Legend:**

- A. License reinstatement
- B. Prior disciplinary action – report and Surrender document.
- C. 1Personal statement. 2. Email
- D. Records and statement from McCall Foundation (including urine drug screen results).
- E. Statement from 2<sup>nd</sup> Chance Recovery
- F. Letter from employer
- G. Character letters

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

In re: Patricia James, R.N.

Petition No. 2020-484

**CONSENT ORDER COVER SHEET**

1. Patricia James ("respondent") of North Carolina graduated from Roxbury Community College in 2008. She has North Carolina and Massachusetts nursing licenses. She was granted a Connecticut nursing license by endorsement in April 2020.
2. On or about February 7, 2019, the Board of Nursing of North Carolina issued a Consent Order concerning respondent's North Carolina nursing license number 234545. The disciplinary action arose, in part, based upon respondent's use of profanity and placement of her forearm on a patient's chin to hold his head away so that she could administer an injection without being spit upon.
3. On or about December 4, 2019, the Massachusetts Board of Registration in Nursing issued a Consent Agreement for Reprimand in Docket No. NUR-2019-0062. The disciplinary action arose due to the North Carolina's Consent Order.
4. The proposed Consent Order places a reprimand on respondent's license.
5. The Department and respondent respectfully request the Board to accept the proposed Consent Order.

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

In re: Patricia James, R.N.

Petition No. 2020-484

**CONSENT ORDER**

WHEREAS Patricia James ("respondent") of North Carolina, Connecticut has been issued Connecticut registered nurse license number 169773 by the Department of Public Health ("the Department") pursuant to Connecticut General Statutes, Chapter 378, as amended.

WHEREAS respondent admits:

1. On or about February 7, 2019, the Board of Nursing of North Carolina issued a Consent Order concerning respondent's North Carolina nursing license number 234545. The disciplinary action arose, in part, due to respondent's use of profanity and placement of her forearm on a patient's chin to hold his head away so that she could administer an injection without being spit upon.
2. On or about December 4, 2019, the Massachusetts Board of Registration in Nursing issued a Consent Agreement for Reprimand in Docket No. NUR-2019-0062. The disciplinary action arose due to the North Carolina's Consent Order.
3. The above-described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §§19a-17(f) and/or §20-99(b), including but not limited to §20-99(b)(2).

WHEREAS respondent in consideration of this Consent Order, has chosen not to contest the above admitted violations at a hearing in front of the Connecticut Board of Examiners for Nursing ("the Board"). Respondent further agrees that this Consent Order shall have the same effect as if ordered after a full hearing pursuant to Connecticut General Statutes §§19a-10, 19a-14, and 20-99.

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

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to her profession.
3. Respondent's Connecticut nursing license number 169773 is hereby reprimanded.
4. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Department.
5. This Consent Order is effective upon on approval and acceptance by the Board.
6. Respondent understands this Consent Order is a public record.
7. Respondent understands this Consent Order shall be deemed as evidence of the above admitted violations in any proceeding before the Board in which (1) her compliance with this same Consent Order is at issue, or (2) her compliance with Connecticut General Statutes §20-99, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank and the Healthcare Integrity and Practitioner Data Bank maintained by the United States Department of Health and Human Services.
8. 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 Connecticut General Statutes §4-181a without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under Connecticut General Statutes Chapters 54 and 368a provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or the United States.

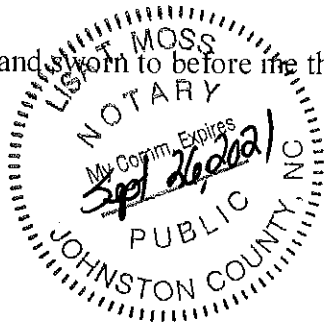
9. Respondent permits a representative of the Department to present this Consent Order and its factual basis to the Board. The Department and respondent understand that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a Statement of Charges resulting in a proposed decision and/or final decision by the Board.
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 has had the opportunity to consult with an attorney prior to signing this document.

12. 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.
13. 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, Patricia James, have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Patricia James  
Patricia James

Subscribed and sworn to before me this 2 day of Dec., 2020.



Lissett Moss  
Notary Public/Commissioner Superior Court

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 8th day of December, 2020, it is hereby accepted.

Christian D. Andresen  
Christian D. Andresen, 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 \_\_\_\_\_, 2020, it is hereby ordered and accepted.

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

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

INVESTIGATIVE REPORT

September 3, 2020

**Investigation of Petition # 2020-484**

**Respondent's Name: Patricia James**

**Petitioner's Name: Practitioner Licensing and  
Investigations Unit**

Address: 43 Wensley Court  
Clayton, NC 27527

Address: 410 Capitol Avenue MS#12HSR  
Hartford, CT 0613

**Licensure Information:**

License No. 10.169773  
Issued: 4/1/2020  
Expires: 7/31/2021

**Prior Discipline:**

None

Investigated by: Sara Montauti, MPH  
Health Program Assistant 2

**Allegation(s):**

1. The North Carolina Board of Nursing reprimanded the respondent's license and required coursework on or about 2/7/2019.
2. The Massachusetts Board of Nursing reprimanded the respondent's license on or about 12/4/2019.

**A. The Department obtained the Order issued by the North Carolina Board of Nursing (Exhibit A).**

**1. Analysis:**

1. On or about 2/15/2018 the Board received a complaint regarding the respondent and began its investigation.
2. On or about 2/14/2018 the licensee was not scheduled to work, but was called in because her employer, Strategic Behavioral Health, was short staffed. That evening, the respondent was assigned to care for a 66-year-old man with a history of bipolar disorder with anger and aggression.
3. When the respondent reported to work the patient was agitated, inappropriately interacting with another patient, and refusing to take his oral medication. An IM injection of Geodon 20mg was ordered.



4. The patient became disruptive when the respondent approached him to administer the injection. A “code purple” was called and other staff came to assist the respondent. While two mental health technicians placed the patient in a standing hold, the respondent attempted to administer the injection. The patient spit on the respondent.
5. The respondent then used her left forearm and placed it on the patient’s chin and neck area to turn his head away. The respondent also cursed at the patient multiple times.
6. After administering the injection, staff asked the respondent to step away from the patient because she continued to curse at him.
7. The respondent acknowledged cursing at the patient and using her left forearm to hold the patient’s head away so she could administer the injection without being spit on again.
8. The Order issues a reprimand and requires the respondent to complete coursework within 90 days of execution of the Order.
9. The Order became effective on 2/7/2019.
10. A letter to the respondent dated 4/23/2019 states the respondent has satisfied the requirements of the Order.

**B. Following the disciplinary action by North Carolina, the Massachusetts Board of Nursing issued an Order (Exhibit B).**

**1. Analysis:**

1. The respondent signed a Consent Agreement with the Massachusetts Board of Nursing for a reprimand effective 12/4/2019.

**C. The respondent applied for nurse licensure in Connecticut on or about 11/8/2019 (Exhibit C).**

1. The respondent disclosed the disciplinary actions during the licensure application process.
2. In a statement provided to the licensing section, the respondent acknowledge she responded to an agitated patient inappropriately by using profanity and initiating unwarranted touching by turning the patient’s face away. The respondent stated she completed the terms of her Order and has dedicated herself to ensuring the incident does not define her future as a nurse.
3. The Department issued the respondent a license without restrictions on or about 4/1/2020.
4. The respondent again disclosed the disciplinary actions by North Carolina and Massachusetts on her renewal application completed on or about 5/4/2020.

**Statement of facts related to allegations**

1. The North Carolina Board of Nursing reprimanded the respondent’s license and required coursework on or about 2/7/2019.
  - a. The Board received a complaint on or about 2/15/2018 due to care and services the respondent provided to a psychiatric patient on or about 2/14/2018.
  - b. The patient the respondent was assigned to care for was agitated and an IM injection was ordered. The patient became disruptive when the respondent approached him to administer the medication. The patient was placed in a standing hold by two mental health technicians so the respondent could administer the injection.
  - c. The patient spit on the respondent, who responded by using her left elbow to turn his head away and cursing at the patient.

- d. The Order signed by the respondent and the Board issued a reprimand and required the respondent to complete coursework.
  - e. The respondent successfully satisfied the terms of the Order on or about 4/23/2019.
2. The Massachusetts Board of Nursing issued an Order for a reprimand effective 12/4/2019. The Order was issued based on the action taken by North Carolina.
3. The respondent applied for a CT nursing license on or about 11/8/2019. The respondent disclosed the disciplinary Order issued by North Carolina and the pending investigation by the Massachusetts Board of Nursing during the application process.
4. In a statement provided to the licensing unit, the respondent acknowledged she responded to an agitated patient inappropriately. She stated she completed the terms of her Order and she has dedicated herself to ensuring the incident does not define her future as a nurse.
5. The Department issued the respondent a nursing license without restrictions on or about 4/1/2020.

**Exhibit Legend:**

- A. North Carolina Order
- B. Massachusetts Order
- C. Licensure application and 2020 renewal

Investigation of Petition No. 2020-484  
Patricia James

Page 5

**Communication Log**

Patricia James  
43 Wensley Court  
Clayton, NC 27527

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION  
IN NURSING

In the Matter of  
Patricia L. James  
License No. RN2259386  
Expire 07/23/2020

Docket No. NUR-2019-0062

CONSENT AGREEMENT FOR REPRIMAND

The Massachusetts Board of Registration in Nursing (Board) and Patricia L. James (Licensee), a Registered Nurse (RN) licensed by the Board, License No. RN2259386 do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Licensee's record maintained by the Board:

1. The Licensee acknowledges that a complaint has been filed with the Board against her Registered Nurse (RN) license<sup>1</sup>, identified as Docket No. NUR-2019-0062(Complaint).
2. The Licensee admits that while maintaining a valid Massachusetts RN license, the North Carolina Board of Nursing reprimanded her nursing license on February 7, 2019 for improperly restraining an unruly patient and cursing at the patient. The Licensee acknowledges that her conduct constitutes failure to comply with the Board's Standards of Conduct at 244 Code of Massachusetts Regulations (CMR) 9.03 (5), (15), (17), (47) and warrants disciplinary action by the Board under Massachusetts General Laws (G.L.) Chapter 112, § 61.
3. The Licensee agrees that the Board shall impose a REPRIMAND on her license for her conduct admitted in paragraph 2, effective as of the date on which the Board signs this Agreement (Effective Date).
4. The Board agrees that in return for the Licensee's execution of this Agreement it will not prosecute the complaint.
5. The Licensee understands that she has a right to formal adjudicatory hearing concerning the allegations against her and that during said adjudication she would possess the right to confront and cross-examine witnesses, to call witnesses, to

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<sup>1</sup> The term "license" applies to both a current license and the right to renew an expired license.

present evidence, to testify on her own behalf, to contest the allegations, to present oral argument, to appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, G. L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Licensee further understands that by executing this Agreement she is knowingly and voluntarily waiving her right to a formal adjudication of the complaints.

6. The Licensee acknowledges that she has been at all times free to seek and use legal counsel in connection with the complaint and this Agreement.
7. The Licensee acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.
8. The Licensee certifies that she has read this Agreement. The Licensee understands and agrees that entering into this Agreement is a final act and not subject to reconsideration, appeal or judicial review.

Patricia L. James 11-20-19  
Patricia L. James (sign and date)

Patricia Gibson-Willis  
Witness (print name)

Patricia Gibson-Willis 11-20-19  
Witness (sign and date)

Lorena M. Silva  
Lorena M. Silva, MSN-L, MBA, DNP, RN  
Executive Director  
Board of Registration in Nursing

December 4th 2019  
Effective Date of Agreement

Fully Signed Agreement Sent to Licensee on 12/6/19 by Certified  
Mail No. 7019 0700 0000 1934 6519

BEFORE THE BOARD OF NURSING  
OF THE STATE OF NORTH CAROLINA



In the matter of: )  
 )  
Patricia L. James, RN )  
 )  
License Number 234545 )

SETTLEMENT  
PUBLISHED COPY OF THIS ORDER  
I certify that this is a true and accurate copy of its original and has been kept in the ordinary course of business at the office of the North Carolina Board of Nursing.  
*Steph L. Roper*  
Executive Director of the Board

This matter is before the North Carolina Board of Nursing (“Board”) through the Settlement Committee by request of Patricia L. James, RN (“Licensee”). Licensee knowingly and voluntarily waives the right to a formal hearing under Art. 3A of N.C. Gen. Stat. § 150B before the Board and the right to present evidence in her defense and in mitigation of any sanction that could be imposed for a violation, to confront and cross-examine witnesses and to challenge evidence presented by the Board against them, to present legal arguments in a brief, and to appeal from any final decision adverse to her license to practice nursing. Both parties stipulate and agree to the findings of fact and conclusions of law recited herein and to the Order imposed. By her consent, Licensee also stipulates that she knowingly and voluntarily waives the right to appeal this Order or challenge in any way the sufficiency of the findings of this Order. Licensee admits and the Board finds that:

**FINDINGS OF FACT**

1. The North Carolina Board of Nursing is a body duly organized under the laws of North Carolina and is the proper body for this proceeding under the authority granted it in Article 9A, Chapter 90 of the General Statutes of North Carolina and the rules and regulations promulgated hereunder.
2. Licensee is the holder of North Carolina Multistate Registered Nurse License Number 234545, which expires on July 31, 2019.
3. On February 15, 2018, the Board received a complaint regarding Licensee’s nursing practice and began its investigation.
4. On November 6, 2017, Licensee began her employment at Strategic Behavioral Health in Garner, North Carolina as a RN staff nurse on the Geriatric/Psychiatric unit.
5. On February 14, 2018, Licensee was not scheduled to work, but she was called in to work 7:00 p.m. to 7:00 a.m. because they were short-staffed. The facility was also understaffed for CNAs on this same evening. Licensee called the Nurse Manager to inform her about being understaffed for CNAs, and Management was trying to find other CNAs to come in to work.
6. Licensee was assigned to care for a sixty-six-year-old man with a history of bipolar disorder with anger and aggression. This patient was known to Licensee. When Licensee arrived to work, this patient was agitated and inappropriately interacting with another patient. This patient refused to take his oral medications, and an IM injection of Geodon 20 mg was ordered.

BEFORE THE BOARD OF NURSING  
OF THE STATE OF NORTH CAROLINA

In the matter of:	)	
	)	SETTLEMENT
Patricia L. James, RN	)	PUBLISHED CONSENT ORDER
	)	
License Number 234545	)	

7. Licensee approached the patient in his bedroom to give him the injection, but she was unable to give the injection without assistance. The patient was sitting on his bed, cursing, and using racial slurs directed toward Licensee and other staff. A "code purple" was called and other staff from the facility came to assist Licensee.

8. The patient was placed in a standing hold by two (2) Mental Health Technicians, one on each arm. Licensee approached the patient to give the injection in his arm, and the patient spit on Licensee. Licensee then used her left forearm and placed it on the patient's chin and neck area to turn his head away from her so that she could give the injection. Licensee also cursed at the patient multiple times. The injection was given and Licensee was asked by other staff to step away from the patient and was removed from the patient because Licensee continued to curse at the patient.

9. The patient was examined by another staff member, and there were no signs of injury to the patient. The patient calmed down after this incident and was able to return to his normal activity.

10. Licensee acknowledged cursing at the patient and using her left forearm on the patient's chin to hold his head away from her so that she could administer the injection without the patient spitting on her again.

11. On January 23, 2019, Licensee appeared before the Settlement Committee consisting of Board Members Frank DeMarco, RN and Becky Ezzell, RN to hold a settlement conference with regard to the above-referenced matter.

12. In the event that the terms of Order are not fulfilled and the Board issues a Notice of Hearing to Show Cause, Licensee stipulates that the Findings of Fact may be introduced into evidence as admitted allegations.

CONCLUSIONS OF LAW

1. This matter is properly before the Board and the Board has jurisdiction over Licensee and the subject matter of this case.
2. Licensee's conduct, as set out in the Findings of Fact above, constitutes grounds for discipline pursuant to N.C. Gen. Stat. §90-171.37 as follows:
  - (7) has violated any provision of this Article;
  - (8) has willfully violated any rules enacted by the Board;and 21 N.C. Admin. Code 36 .0217(a)



BEFORE THE BOARD OF NURSING  
OF THE STATE OF NORTH CAROLINA

In the matter of: )  
 )  
Patricia L. James, RN ) SETTLEMENT  
 ) PUBLISHED CONSENT ORDER  
 )  
License Number 234545 )

(11) threatening, harassing, abusing, or intimidating a client;

3. Grounds exist pursuant to N.C. Gen. Stat. §90-171.37 for the Board to revoke or suspend a license to practice nursing and invoke other such disciplinary measures such as censure or probative terms against a licensee as it deems fit and proper.

ORDER

1. Based on the Findings of Fact and Conclusions of Law, without further notice of proceedings, the Board enters into the following Order with Licensee.

2. Licensee shall be issued a REPRIMAND.

3. Additionally, Licensee shall submit proof of successful completion (a copy of the Certificate of Completion) for the following courses within ninety (90) days of execution of this Order.

- a. www.rn.com online course entitled "Your Role in Managing Assaultive Behavior"
- b. Ethical Legal Decision-Making

4. In accordance with G.S. 90-171.27(d) and Board of Nursing policy derived therefrom, a fee of \$300.00 will be assessed. The fee shall be due no later than April 30, 2019.

5. If, during the period of this Order, Board staff receives evidence Licensee has violated any of the above conditions or if the Board determines such violations have occurred, the Board may, after appropriate notice, suspend or revoke the license until proof of successful completion of the courses has been provided.

6. In the event the Board determines Licensee has violated any of the conditions of this Order and Licensee disputes that such a violation of the conditions has occurred, Licensee must file such objection in writing with the Board within ten (10) business days of the date of the notice of the violation(s) to Licensee. The notice to the Board shall contain, with specificity, the violation(s) disputed. Failure to submit a timely notice of objection shall constitute a waiver of Licensee's right to dispute the Board's determination.

7. When proper notice of objection has been filed with the Board, Licensee will be provided a Hearing at the next available meeting of the Board for which appropriate notice can be provided, or scheduled by consent of the parties.

BEFORE THE BOARD OF NURSING  
OF THE STATE OF NORTH CAROLINA

In the matter of: )  
 )  
Patricia L. James, RN ) SETTLEMENT  
 ) PUBLISHED CONSENT ORDER  
 )  
License Number 234545 )

8. This Order is a public record, as required by N.C. Gen. Stat. §132, and will be placed in Licensee's file. All disciplinary actions taken by the Board will be reported to the appropriate entities as outlined in Board policy and as required by state and/or federal guidelines. Those entities include, but may not be limited to, NURSYS, National Practitioner Data Bank (NPDB), the Office of the Inspector General (OIG) and any other jurisdiction in which Licensee is or has been licensed.

9. This Order shall take effect immediately upon proper execution by both Licensee and the Board.

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BEFORE THE BOARD OF NURSING  
OF THE STATE OF NORTH CAROLINA

In the matter of:

Patricia L. James, RN

License Number 234545

)  
)  
)  
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SETTLEMENT  
PUBLISHED CONSENT ORDER

By order of the North Carolina Board of Nursing this the 7<sup>th</sup> day of February, 2019.



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Frank DeMarco, RN  
Presiding Officer of the Settlement Committee



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Amy G. Fitzhugh, JD  
Chief Legal Officer

BEFORE THE BOARD OF NURSING  
OF THE STATE OF NORTH CAROLINA

In the matter of:

Patricia L. James, RN

License Number 234545

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SETTLEMENT  
PUBLISHED CONSENT ORDER

Consented to this the 7<sup>th</sup> day of February, 2019.

Robert O. Crawford III  
Bob Crawford  
Attorney's Signature

Patricia L. James, RN  
Patricia L. James  
Licensee's Signature

State of North Carolina

County of Wake

I, Robert O. Crawford III, a Notary Public for the above-named County and State,  
do hereby certify that Patricia James personally appeared before me  
this day and acknowledged the due execution of the foregoing instrument.

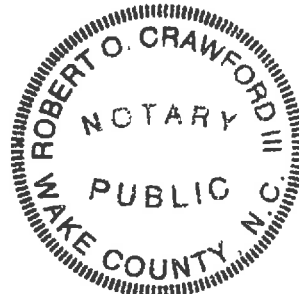
Witness my hand and official seal

This the 7<sup>th</sup> day of February, 2019.

Robert O. Crawford III  
Notary Public

My commission expires: 12/2/2023

(Seal)



## CONSENT ORDER COVER SHEET

In Re: Brian Kozaczka, R.N.

Petition No. 2019-1272

1. Brian Kozaczka, R.N., of Los Angeles, California (hereinafter "respondent") was issued license number 092863 to practice as a registered nurse on March 4, 2010.
2. Respondent graduated from Goodwin College Nursing School in 2010.
3. Respondent has no disciplinary history in Connecticut. Respondent's Georgia registered nurse license lapsed by non-renewal. When he applied to reinstate it, the Georgia Board of Nursing (hereinafter "Georgia Board") denied the reinstatement, on or about November 14, 2019. The Georgia Board did not conduct a hearing, rather only a discussion with respondent and amongst the Board members during a meeting. Although the reinstatement was not the result of a hearing, under Georgia law it was a reportable event to the NPDB. Presently, an action remains pending in Georgia court by which respondent seeks the court to compel the Georgia Board to conduct a hearing. The two DUI charges in Georgia that are mentioned in the Investigation Report were both dismissed in Georgia for lack of evidence.
4. In addition to the information in the investigation report, counsel for the Department reviewed a recording of the meeting of the Georgia Board, reviewed Georgia court records regarding the DUI cases, spoke telephonically with respondent's attorneys in Georgia, reviewed correspondence from respondent's employers (as a "nurse practitioner") in California, and reviewed respondent's California license lookup. Respondent denies that he took the photographs at issue or was present when they were taken. As there has never been an evidentiary hearing, the precise facts of the events at issue have never been clearly established; thus, the allegation portion of the consent order is phrased as two alternatives.
5. Respondent and the Department respectfully request that the Board approve and accept the proposed Consent Order.

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH  
BOARD OF EXAMINERS FOR NURSING**

In re:            Brian Kozaczka, R.N.

Petition No. 2019-1272

**CONSENT ORDER**

WHEREAS, Brian Kozaczka, R.N., (hereinafter "respondent") of Los Angeles, California, has been issued license number 092863 to practice as a registered nurse by the Connecticut Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. In 2015, while working as a registered nurse in the Neuro-ICU at Emory University Hospital Midtown in Atlanta, Georgia, respondent photographed and/or videographed one or more patients, without said patient's or patients' permission, or permitted a friend who was not an employee to have unsupervised access to the patient floor , whereupon he made such photographs and/or videographs without respondent's knowledge.
2. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(2).

WHEREAS, respondent has not practiced nursing in Connecticut since approximately 2011.

WHEREAS, respondent has practiced as a nurse practitioner (equivalent to Connecticut licensure as an advanced practice registered nurse) in California since 2017 without incident or complaint.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above-admitted violation(s) or allegation(s) at a hearing before the Board of Examiners for Nursing (hereinafter "the Board"). Nothing in this Consent Order is or shall be construed as an admission of any fact. Respondent agrees that for the purpose of this or any future proceedings before the Board this Consent Order shall have the same effect as if ordered after a full hearing pursuant to §§19a-9, 19a-10, and 20-99(a) of the General Statutes of Connecticut.

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

1. Respondent waives his right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to respondent's profession.
3. Respondent's license number 092863 is hereby reprimanded.
4. All correspondence and reports shall be addressed to:

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

5. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.

6. This Consent Order is effective on the day it is approved and accepted by the Board.
7. Respondent understands this Consent Order is a matter of public record.
8. Respondent understands and agrees that this Consent Order shall be deemed true in any proceeding before the Board in which respondent's compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.
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 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.
10. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent agree that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is

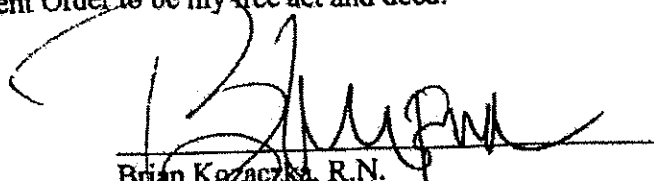


related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision and/or final decision by the Board.

11. 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.
12. Respondent has had the opportunity 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.

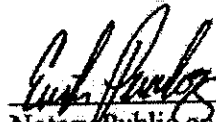
\* \* \* \* \*

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

  
\_\_\_\_\_  
Brian Kozaczka, R.N.

Subscribed and sworn to before me this 28<sup>th</sup> day of DECEMBER, 2020.



  
\_\_\_\_\_  
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 6th day of January, 2021, 2020, it is hereby accepted.



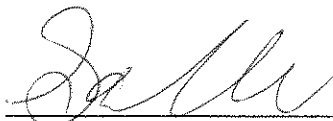
\_\_\_\_\_  
Christian D. Andresen, M.P.H, Section Chief  
Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the \_\_\_\_\_ day of \_\_\_\_\_, 2020, it is hereby ordered and accepted.

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

**CERTIFICATION**

I, Sara Montauti, Health Program Assistant, Practitioner Licensing and Investigations Section, Department of Public Health, being duly sworn, hereby attest that I have prepared and reviewed this report and it is a true, complete and accurate documentation of my investigation of Brian Kozaczka, professional license number: 10.092863



Sara Montauti, MPH  
Health Program Assistant 2  
Department of Public Health  
Practitioner Licensing and Investigations Section

Subscribed and sworn to before me this 8 day of June 2020.



Notary Public  
My Commission Expires 3/31/2021

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

INVESTIGATIVE REPORT  
April 16, 2020

**Investigation of Petition # 2019-1272**

**Respondent's Name:** Brian Kozaczka, RN

**Petitioner's Name:** Practitioner Licensing and  
Investigations Unit

Address: 928 S. Broadway, #510  
Los Angeles, CA 90015

Address: 410 Capitol Avenue MS#12HSR  
Hartford, CT 06134

**Licensure Information:**

License No. 10.092863  
Issued: 3/8/2010  
Expires: 12/31/2020

**Prior Discipline:**  
None

Investigated by: Sara Montauti, MPH  
Health Program Assistant 2

**Allegation(s):**

1. The Georgia Board of Nursing denied the respondent's reinstatement application to practice as nurse due to his past criminal history and past history with the Board.
- A. **The Department obtained documentation from the Georgia Board of Nursing on or about 11/12/2019, 11/15/2019, and 1/13/2020 (Exhibit A).**
  - I. **Analysis:**
    - a. On or about 3/22/2019, the Board of Nursing sent the respondent a letter informing him the Board considered the respondent's reinstatement application during the March 6-8, 2019 Board Meeting. After careful consideration, the Board voted to deny the application for reinstatement based on the respondent's criminal history and history with the Board. The letter informs the respondent he may petition the Board for reconsideration of this issue by requesting a Personal Appearance before the Board.
    - b. On or about 11/14/2019, the Board sent a second letter to the respondent informing him the Board considered his application for reinstatement and information provided during his public appearance during its November 6-8, 2019 meeting. The Board voted to deny the respondent's application for reinstatement after considering the following information:
      - i. The facility employing the respondent terminated him in 2015 following a complaint and subsequent investigation into allegations the respondent was charged with a DUI and

- took photographs and videos while working as a nurse in the facility's intensive care unit (ICU).
- ii. On or about 10/19/2015, the respondent met with a representative from Human Resources and his Nursing Unit Director to inquire about the allegations. The respondent denied knowledge of any photographs or videos, denied any connection with taking photographs or videos, and stated the DUI charges were false.
  - iii. The facility conducted a search of the Atlanta Municipal court docket and verified the respondent had a court date scheduled to report and answer for multiple charges of DUI and other motor vehicle violations.
  - iv. The facility reviewed a video sent in as part of the complaint. The video reveals a clear, audible male voice the Unit Director identified as the respondent.
  - v. The Director of Employee relations at the facility met with the sender of the complaint on or about 11/6/2015. At the meeting, the facility verified that photographs and videos of the facility's patients were sent from a phone number and email address listed in employee records as contact information for the respondent.
  - vi. The respondent admitted to the Board during his appearance on or about 11/7/2019 he allowed his romantic partner access to ICU patients and provided the opportunity for his partner to take multiple photographs of patients and other areas of the unit.
  - vii. During the respondent's appearance before the Board on or about 11/7/2019 the respondent admitted to being the only male on the unit at the time a video of an ICU patient was taken. This led the Board to believe that either the respondent took the video, or, that the respondent allowed his partner to take a video of a seizing patient. The Board states either circumstance is completely unacceptable and unprofessional behavior for a licensed nurse. The Board also noted that at no time in the video did the patient receive medical care.
  - viii. The Board did not believe the respondent presented credible explanations at his appearance. The respondent told the Board either he or another nurse assigned to the ICU would keep an eye on patients; however, the respondent also admitted his partner had the opportunity to take a video of a patient seizing. The Board was unable to reconcile the explanation of the circumstances surrounding the video. The Board felt the respondent's answers seemed to change over the course of his hour-long appearance, and only after intense questioning did the respondent admit he allowed his partner to take photographs of patients.
  - ix. Ultimately, the Board felt the respondent was not only deceptive during his appearance on or about 11/7/2019, but that the respondent also did not demonstrate an appropriate understanding of the serious lapse in judgement he displayed. The Board is not convinced the respondent will exercise appropriate professional judgement in the future.
  - x. The Board does acknowledge the results of an examination, which ruled out any sexually deviant attitudes or beliefs and/or any mental health issues. However, the Board views those issues as being distinct from the issue of the respondent's egregious lapse of professional judgement.
- c. The full investigative file from the Georgia identified the following:
- i. The investigation report is dated 12/12/2016 and was written by Investigator J.W. Swinney.
  - ii. The Secretary of State's Office received a complaint from the Georgia Board of Nursing and forwarded the case to the Investigations Division in reference to allegations of unprofessional conduct.
  - iii. The complaint makes the following allegations:
    - (1) The respondent diverted medications from a facility

- (2) The respondent was arrested on two occasions and failed to report the arrests.
  - (3) The respondent photographed and videoed partially nude patients without permission.
- iv. In total, three complaints were made against the respondent, but the second complainant could not be located during the investigation. The other complainants came from the facility that employed the respondent, Emory University Hospital Midtown, and an individual, Ryan Rutledge.
- (1) Mr. Rutledge alleged in his complaint that the respondent used his cell phone to videotape patients without consent, maliciously mocked a patient who urinated on the respondent, generated a pornographic image of himself after masturbating in a facility bathroom during his shift, and took photographs of patients under his care while working.
  - (2) Mr. Rutledge also alleges the respondent has two pending DUI charges and that the respondent was terminated from employment at North Fulton Hospital in June of 2015.
- v. The certified documents Investigator Swinney obtained from the facility that employed the respondent provide the following information:
- (1) The respondent denied knowledge of the photographs/videos.
  - (2) The respondent denied taking and/or sending photographs/videos.
  - (3) The respondent denied the DUI charges
  - (4) The respondent denied taking morphine or other medications for personal use.
  - (5) A search of the Atlanta Court docket identified the respondent had a court date to answer to charges of multiple DUI and traffic charges.
  - (6) Video footage revealed a clear, audible male voice the facility conclusively identified of that of the respondent. The facility also confirmed the patient in the video was assigned to the respondent. Other photographs and videos were verified to be patients in the facility where the respondent worked.
  - (7) Photographs and videos were verified as being sent from the respondent's cell phone number and/or email address.
- vi. On or about 11/21/2016, Investigator Swinney located complainant Ryan Rutledge, and met with Mr. Rutledge at Lenox Square Mall in Atlanta, Georgia for an in-person interview. Mr. Rutledge provided the following information during the interview:
- (1) Between December 2014 and November 2015 he was intimately involved with the respondent. During this time, Emory Midtown Hospital employed the respondent.
  - (2) While dating, the respondent would share with Mr. Rutledge stories/pictures/videos of unclothed patients and their genitals in addition to photographs of the respondent's genitals. This sharing was done verbally, in text messages, email messages, and videos.
  - (3) The respondent called Mr. Rutledge following an arrest and asked Mr. Rutledge to post bail for his release.
  - (4) Mr. Rutledge stated there were several incidents that he observed, or was told about by the respondent. The respondent told Mr. Rutledge about needing to push, shove and fight a patient who urinated on him, and the respondent taunted a restrained patient who appeared to be suffering a seizure.
  - (5) Mr. Rutledge provided Investigator Swinney with a sworn, written statement related to the complaint.
- vii. On or about 11/26/2016, Mr. Rutledge sent Investigator Swinney thirty two photographs and two videos. The photographs and images comprised the following:

- (1) Unconscious/sleeping patients
  - (2) Patient telemetry equipment screens
  - (3) Respondent's exposed genitals
  - (4) Patient's medical document
  - (5) Hospital personnel at facility work stations
  - (6) Video of patient with exposed genitals
  - (7) IV medication, medical supplies, and a patient's identification wrist band
  - (8) Text messages discussing the respondent's two DUI arrests.
  - (9) Video of patient suffering what appears to be a seizure. The respondent can be heard stating "Yea, time to turn up" and fails to provide medical intervention.
- viii. Investigator Swinney attempted to locate the respondent during the investigation. The respondent could not be notified at his residence, did not answer telephone calls, and did not return voicemail messages.
- ix. An arrest report identifies the following:
- (1) Police stopped the respondent on or about 4/2/2015. The respondent was observed to have slurred speech, glassy eyes, slow reacting pupils, and the smell of alcohol on his breath. The respondent admitted to consuming two beers that evening. The respondent was also observed to be staggering as he walked towards police. During the Horizontal Gaze Nystagmus evaluation the respondent had to be told repeatedly not to move his head. The respondent was also observed to be swaying during the evaluation, and the officer observed all six clues during the evaluation. The officer observed seven clues during the Walk and Turn evaluation, and three clues during the One Leg Stand evaluation. A breathalyzer showed a positive reading of 0.239 BrAC.
- x. Emory Healthcare terminated the respondent on or about 11/10/2015 and notified the Georgia Board of Nursing about the allegations and results of the internal investigation on or about 11/17/2015.
2. **The Department obtained the photographs and video footage reference throughout the investigation from Georgia on or about 4/9/2020 (Exhibit B).**
- a. **Analysis:**
- i. There are two PDF files of photos. One file is labeled "taken by B2" and one file is labeled "not taken by B2".
  - ii. The images in the file labeled "taken by B2" are selfies of the respondent, images of other staff on the ICU, and medical supplies. There are a few images in which a computer screen with information displayed is in the photo, but the content on the computer screen is not readable.
  - iii. The images in the file labeled "not taken by B2" are of three patients sleeping and/or unconscious in the ICU and a staff person who is not the respondent. There are also screen shots of text messages referencing the DUI charges.
  - iv. The video files contain a six second and 15 second video of the same patient.
    - (1) In the six second video, the patient appears to be sleeping and his gown is hiked up so that his genitals are exposed.
    - (2) In the 15 second video, the patient appears to be seizing. The patient's gown is hiked up so that his genitals are exposed. A male voice can be heard clearly stating "Yeah, time to turn up." At no time during this video clip is medical care administered.

**Investigator's note:** According to the facility's summary of their internal investigation, the Director of the Unit on which the respondent worked conclusively identified the voice on the video stating "Yeah, time to turn up" as belonging to the respondent.

**3. The Department contacted the respondent and requested a response to the allegations. On or about 3/26/2020, the Department received information via the respondent's attorney (Exhibit C).**

**a. Analysis:**

- i. A letter from Attorney Kimberly Berry dated 2/13/2019. Attorney Berry represented the respondent for his DUI charges and states both charges were reduced to reckless driving citations.
- ii. Documentation of continuing education courses taken on nurse.com in January 2020. The respondent completed courses in risk management, nursing ethics, HIPAA and confidentiality, and patient safety.
- iii. Seven letters of reference/recommendation from other RN's, APRNs, and a physician. The letters outline the respondent's work ethic and dedication to his patients.

**Investigator's Note:** The Department requested a response to the allegations on multiple occasions. To date, the respondent's attorney has not provided one. The respondent's attorney has requested on multiple occasions for the Department to put a "stay" on the investigation because the respondent is appealing the denial of his reinstatement in Superior Court. The investigator on this case confirmed with the Georgia Board of Nursing that the decision to deny the license reinstatement still stands, and will not be vacated unless and until the Board is directed to do so by Superior Court. The respondent's attorney did not want her client to sign an Interim Consent Order or a Voluntary Surrender as those actions would be reportable to NURSYS and the NPDB.

**Statement of facts related to allegations**

1. The Georgia Board of Nursing denied the respondent's reinstatement application during the March 6-8, 2019 Board Meeting due to the respondent's criminal history and history with the Board.
2. The respondent petitioned the Board for reconsideration and publicly appeared before the Board during the November 6-8, 2019 meeting. The Board voted to uphold the denial after considering the following information:
  - a. The facility that employed the respondent received complaints in 2015 alleging the respondent diverted medications from the facility, took photographs and videos of patients, generated pornographic images of himself after masturbating in a facility bathroom during his shift, and was arrested for driving under the influence and other traffic violations.
  - b. The facility conducted an investigation and met with the respondent on or about 10/19/2015 to discuss the allegations. The respondent denied knowledge of any photographs or videos, denied any connection with taking photographs or videos, and stated the DUI charges were false.
  - c. A search of the Atlanta Municipal court docket verified the respondent had a court date scheduled to report and answer for multiple charges of DUI and other motor vehicle violations.
  - d. The complaints about the respondent contained video footage of a patient suffering what appears to be a seizure. In this video, the patient's genitals are exposed. A clear and audible voice is heard stating "Yea, time to turn up." The facility's Unit Director identified the voice as belonging to the respondent. At no time during the video does the patient



- receive any medical care. The facility verified the video was sent from a phone number and email address listed in employee records as contact information for the respondent.
- e. The facility ultimately terminated the respondent on or about 11/10/2015, and notified the Georgia Board of Nursing about the allegations and results of the internal investigation on or about 11/17/2015.
  - f. The respondent admitted during his appearance before the Board on or about 11/7/2019 to being the only male on the unit at the time the video in question was taken. The respondent also admitted he allowed his romantic partner at the time access to ICU patients and he provided the opportunity for his partner to take multiple pictures of patients and other areas of the unit. This led the Board to believe that either the respondent took the video and photographs, or, allowed his partner to take videos and photographs. Either circumstance is completely unacceptable and unprofessional behavior.
  - g. The Board did not believe the respondent presented credible explanations at his appearance. The Board was unable to reconcile the respondent's explanation of the circumstances surrounding the video and felt his answer's seemed to change over the course of his hour-long appearance. Only after intense questioning did the respondent admit to the Board he allowed his partner to take photographs of patients.
  - h. The Board felt the respondent was deceptive during his appearance on 11/7/2019, and that the respondent also did not demonstrate an appropriate understanding of the serious lapse in judgement he displayed. The Board is not convinced the respondent will exercise appropriate professional judgement in the future.
  - i. The respondent did undergo an evaluation, which ruled out any sexually deviant attitudes or beliefs and/or any mental health issues, however, the Board feels this is a separate issue from his lapse of professional judgement.
3. The investigative file obtained from Georgia identifies the following additional information:
    - a. On or about 11/26/2016, following an in-person interview with one of the complainants, the Board investigator received thirty two photographs and two videos from the complainant. The photographs included, but were not limited to, unconscious/sleeping patients, respondent's exposed genitals, patient's medical documents, and a patient's identification wristband. The video was of a seizing patient. The photographs and videos were verified as being sent to the complainant from the respondent's cell phone number.
    - b. The Board's investigator attempted to reach the respondent during the investigation in 2016. The respondent could not be notified at his residence, did not answer telephone calls, and did not return voicemail messages.
    - c. The investigative file contained certified documents provided by the facility that employed the respondent. The facility's findings are mentioned above under the second statement of facts.
  4. While the investigative file indicates Investigator Swinney traveled to the respondent's residence, placed phone calls to the respondent, and left voicemail messages for the respondent, there is no information indicating whether the respondent was formally notified of an investigation against his license via certified mail.
  5. The Department obtained the photographs and videos allegedly taken by the respondent and/or his romantic partner.
    - a. The photos identified as being taken by the respondent are mostly selfies or images of other staff on the unit. There are some images in which a computer screen is visible, but the content on the screen is not readable.
    - b. The photos identified as being taken by someone other than the respondent are of three different patients on the unit who appear to be sleeping and/or unconscious.

- c. The two video files are of the same patient. One video is six seconds long, and the other is 15 seconds.
  - i. In the six second video, the patient appears to be sleeping and his gown is hiked up so that his genitals are exposed.
  - ii. In the 15 second video, the patient appears to be having a seizure and his gown is hiked up so that his genitals are exposed. A male voice can be heard clearly stating, "Yeah, time to turn up". At no time during this video clip is medical care administered.
  - iii. The facility conclusively identified in their internal investigation summary that the voice heard on the video is that of the respondent.
6. The Department contacted the respondent on or about 1/6/2020 and requested a response to the allegations. The Department received the following information on or about 3/26/2020 via the respondent's attorney:
  - a. A letter from Attorney Kimberly Berry dated 2/13/2019. Attorney Berry represented the respondent for his DUI charges and states both charges were reduced to reckless driving citations.
  - b. Documentation of continuing education courses taken on nurse.com in January 2020. The respondent completed courses in risk management, nursing ethics, HIPAA and confidentiality, and patient safety.
  - c. Seven letters of reference/recommendation from other RN's, APRNs, and a physician. The letters outline the respondent's work ethic and dedication to his patients.
7. The respondent did not provide a response to the allegations. The respondent's attorney has requested a "stay" of the investigation on multiple occasions because the respondent is appealing the denial of his reinstatement in Superior Court. The investigator on this case confirmed with the Georgia Board of Nursing that the decision to deny the license reinstatement still stands, and will not be vacated unless and until the Board is directed to do so by Superior Court. The respondent's attorney did not want her client to sign an Interim Consent Order or a Voluntary Surrender as those actions would be reportable to NURSIS and the NPDB.

**Exhibit Legend:**

- A. Documents from the Georgia Board of Nursing
- B. Photographs and video
- C. Respondent's response

Investigation of Petition No. 2019-1272  
Bryan Kozaczka, RN

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**Communication Log**

Brian Kozaczka, RN (respondent)  
928 S. Broadway #510  
Los Angeles, CA 90015

Ellen Costello (respondent's attorney)  
46 South Whittlesey Avenue  
Wallingford, Connecticut 06492

Dennis Rice  
Complaint and Compliance Specialist  
Georgia Board of Nursing  
Georgia Secretary of State  
drice@sos.ga.gov

## CONSENT ORDER COVER SHEET

In Re: Paulette Simon, R.N.

Petition No. 2019-801

1. Paulette Simon, R.N., of Bloomfield, Connecticut (hereinafter "respondent") was issued license number 082889 to practice as a registered nurse on August 7, 2007.
2. Respondent graduated from Capitol Community College Nursing School in 2007.
3. Respondent has no disciplinary history in Connecticut. Respondent is currently employed as a registered nurse at St. Francis Hospital Cardiac/Pulmonary Division in Hartford.
4. The allegations derive from the Investigation Report, and principally from the records and documents noted in the report.
5. Respondent and the Department respectfully request that the Board approve and accept the proposed Consent Order.

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH  
BOARD OF EXAMINERS FOR NURSING**

In re: Paulette Simon, R.N.

Petition No. 2019-861

**CONSENT ORDER**

WHEREAS, Paulette Simon, R.N., (hereinafter "respondent") of Bloomfield, Connecticut, has been issued license number 082889 to practice as a registered nurse by the Connecticut Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits and acknowledges that:

1. On and about July 11-July 16, 2018, Respondent was employed as a registered nurse by PJW Nursing Consultants, in which capacity she provided medical case management for persons with intellectual disabilities who resided in facilities operated by the Connecticut Department of Developmental Disabilities. On or about said dates, respondent provided nursing care, including medical case management, for minor Patient P.
2. On or about July 11, 2018, facility staff contacted respondent to inform her that Patient P had been incontinent twice in the second shift and that P's urine had a smell and that P may have a UTI. Respondent called the staff, but did not examine P. On or about July 16, 2018, respondent called P's physician to make an appointment for P. On or about July 16, 2018, P's physician examined P and sent P to the emergency department at Middlesex Hospital, which in turn transferred her to Connecticut Children's Medical Center, where she was treated and admitted for septic shock secondary to pyelonephritis.

WHEREAS, the Department alleges:

3. Respondent's care for P failed to meet the standard of professional nursing in one or more of the following ways:
  - a. She failed to make an adequate assessment;
  - b. She failed to give the facility staff instructions for monitoring and reporting changes in P's condition;
  - c. She failed to document clinically significant data, including but not limited to pertinent negatives, and/or one or more telephone interactions with facility staff;  
and/or
  - d. She failed to make a timely call for a physician appointment.
4. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(2).

WHEREAS, in addition to working as an on-call nurse for residential facilities, respondent has worked as a patient-care nurse in various units at St. Francis Hospital in Hartford for approximately the past fourteen years. Currently, respondent is not employed as an on-call nurse for a residential facility.

WHEREAS, respondent, in consideration of this Consent Order, while expressly not admitting any allegation in paragraph 3 above, has chosen not to contest the above-admitted violation(s) or allegation(s) at a hearing before the Board of Examiners for Nursing (hereinafter "the Board"). Respondent agrees that for the purpose of this or any future proceedings before the Board this Consent Order shall have the same effect as if ordered after a full hearing pursuant to §§19a-9, 19a-10, and 20-99(a) of the General Statutes of Connecticut.

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

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to respondent's profession.
3. Respondent's license number 082889 to practice as a nurse in the State of Connecticut is hereby placed on probation for one year, subject to the following terms and conditions:
  - A. Respondent shall be responsible for the provision of written reports directly to the Department from respondent's nursing supervisor at each place that she is employed, not less than once every three months for the entire period of probation. Respondent shall provide a copy of this Consent Order to any and all employers if employed as a nurse during the probationary period. The Department shall be notified in writing by any employer(s) within fifteen (15) days of the commencement of employment as to the receipt of a copy of this Consent Order. Nursing supervisor reports shall describe the nature and volume of respondent's work and shall state whether respondent has practiced nursing safely and competently. Reports shall be issued to the Department at the address cited in paragraph 3.F. 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.
  - B. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
  - C. Respondent shall notify the Department of any change in respondent's home or business address within fifteen (15) days of such change.
  - D. In the first six months of the period of probation, respondent shall successfully complete coursework, to be pre-approved by the Department, in: (a) patient assessment and monitoring, and (b) documentation. Within fifteen days of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such course(s). Respondent shall not work as an on-call nurse for a residential facility until respondent has provided proof to the satisfaction of the Department of completion of such coursework required in paragraph 3.D. above.



E. 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.

F. All correspondence and reports shall be addressed to:

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

4. Any violation of the terms of this Consent Order without prior written approval by the Department shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard. Respondent shall pay all costs necessary to comply with this Consent Order.
5. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
6. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
7. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
8. Respondent understands this Consent Order is a matter of public record.
9. Respondent understands and agrees that this Consent Order shall be deemed as evidence of the above-admitted violations in any proceeding before the Board in which (1) respondent's compliance with this same Consent Order is at issue, or (2) respondent's compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.

10. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a nurse, upon request by the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
11. In the event respondent does not practice as a registered nurse for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of 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 practice as a registered nurse, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to practice as a registered nurse without written pre-approval from the Department. Respondent agrees that the Department 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 practice as a registered nurse without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.
12. If, during the period of probation, respondent practices nursing outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of

probation of this Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of nursing in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 3 above.

13. 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.
14. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any other rights that respondent may have under the laws of the State of Connecticut or of the United States.
15. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent agree that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Board's discussions regarding whether to approve or reject this Consent Order and/or a Board member's participation during this process, through the Board member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision and/or final decision by the Board.

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

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

\_\_\_\_\_  
Paulette Simon, R.N.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
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 \_\_\_\_\_ day of \_\_\_\_\_, 2021, it is hereby accepted.

\_\_\_\_\_  
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 \_\_\_\_\_, 2021, it is hereby ordered and accepted.

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

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

Paulette Simon 12-30-20  
Paulette Simon, R.N.

Subscribed and sworn to before me this 30 day of December, 2021.

**JUSTIN MARGANTONIO**  
**NOTARY PUBLIC OF CONNECTICUT**  
**My Commission Expires 11/30/2025**

[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 6th day of January 2021,

Christian D. Andresen

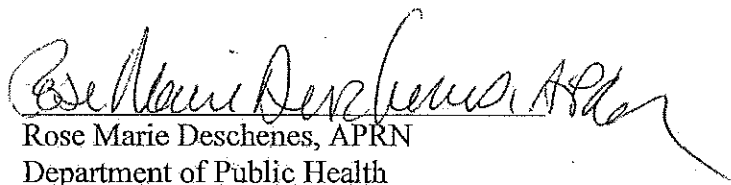
Christian D. Andresen, MPH, Section Chief  
Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the \_\_\_\_\_ day of \_\_\_\_\_, 2021; i

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

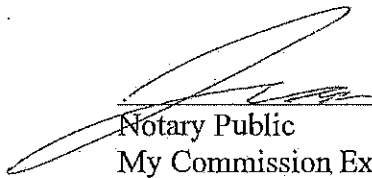
**CERTIFICATION**

I, RoseMarie Deschenes, APRN, Practitioner Licensing and Investigations Section, Department of Public Health, being duly sworn, hereby attest that I have prepared and reviewed this report and it is a true, complete and accurate documentation of my investigation of Paulette Simon, RN, professional license number: 10-082889.



Rose Marie Deschenes, APRN  
Department of Public Health  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

Subscribed and sworn to before me this 1<sup>st</sup> day of April 2020.



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Notary Public  
My Commission Expires 4/30/2022

**State of Connecticut**  
**Department of Public Health**  
**PRACTITIONER LICENSING AND INVESTIGATIONS SECTION**  
**INVESTIGATIVE REPORT**  
April 1, 2020

**Investigation of Petition #**      2019-861

**Respondent's Name & Address:**

Paulette Simon, RN  
10 Wedgewood Drive  
Apt. B1  
Bloomfield, CT 06022

**Petitioner's Name & Address:**

Kathleen Pazdziora, RN, UNC, NI  
State of CT, DDS  
345 Thorpe Avenue  
Wallingford, CT 06492

**Licensure Information:**

License No.      10-082889  
First issued on:    08/07/2007  
Expires:          10/31/2020  
Date Investigation was opened:    08/06/2019  
Priors:    N/A

Investigated by:    Rose Marie Deschenes, APRN, Nurse Consultant

**Allegation(s):**

1. The Respondent, a registered nurse, failed to appropriately address a patient's change in condition when the patient was newly incontinent and had odiferous urine.
2. The Respondent failed and the medical records lacked documentation that the Respondent provided direction to the group home staff such as monitoring the patient's vital signs and temperature along with the patient's incontinence and smell of urine. There was no documentation that the Respondent instructed the group home staff to increase fluids and/or to encourage the patient to drink cranberry juice.
3. The Respondent waited five days before contacting the patient's PCP of the patient's change in condition for an appointment to evaluate the patient further.

**Interviews**

A telephone interview was conducted with the Petitioner on August 14, 2019 for the purpose of reviewing the complaint and inquiring about what documents she could provide the Department. The Petitioner emailed a copy of her investigation on August 14, 2019 (See Exhibit B). The Petitioner wasn't sure if she could send her morality summary at this time and will be checking with her supervisor. An email was sent to the Petitioner on November 18, 2019 for the purpose of obtaining contact information for Adelbrook Group Home and PJW Nursing Consultants.

A telephone interview was conducted with the Respondent's attorney on November 18, 2019 to inquire if the Respondent had any copies of the text messages sent to her from Adelbrook. The Respondent via her attorney identified she no longer had that phone and did not save any of the text messages from Adelbrook.

A telephone interview was conducted with Alyssa Goduti, the contact person at Adelbrook Group home on November 18, 2019 for the purpose of inquiring about phone records and possible interviews with group home staff. She identified she would have the program development manager make those arrangements. Nichole Salvato, program development manager called back and arranged a meeting with the staff member who contacted the Respondent via phone and text messages on November 21, 2019.



A telephone interview was conducted with Ric Wilkinson, the CEO of PJW Nursing Consultants on November 18, 2019 to inquire if he would accept a friendly subpoena for the Respondent's personnel file to which he agreed.

An onsite visit at Adlebrook was conducted on November 21, 2019 for the purpose of obtaining a sworn statement from the staff member who contacted the Respondent about the patient (See Exhibit F). In an interview, Ms. Langley identified she utilized her personal phone to contact the Respondent but no longer has that phone and did not save the text messages.

### Exhibits

#### A. The Petitioner's complaint was received on August 5, 2019 (Exhibit A).

1. The letter identified that a resident (R.P.), at a group home became incontinent twice on second shift on August 11, 2018 and had odiferous urine. The Respondent, a registered nurse, was contacted by the group home staff regarding the possibility that the resident may have a urinary tract infection (UTI). The Respondent didn't call for an appointment to the resident's primary care physician (PCP) until August 16, 2018 (5 days later). The resident was sent to Middlesex Emergency Department (ED) from the PCP's office and then transferred to Connecticut Children's Medical Center (CCMC) with a diagnosis of septic shock secondary to pyelonephritis.

#### B. A copy of the DDS documents was received on August 14, 2019 from the Petitioner (Exhibit B).

1. The DDS Health Summary Form for Mortality Review identified the resident had diagnoses that included Mood Disorder, Not otherwise Specified (NOS), Anxiety, Autism, Mild Hyperopia, Astigmatism, Obsessive Compulsion Disorder (OCD) and medication withdrawal seizure. The timeline of events prior to the resident's death was outlined.
2. The Adelbrook CRS Home daily notes dated July 11, 2018 identified the resident was incontinent of urine twice on second shift. PJW Nursing Consultant, L.L.C., nursing communication notes identified the Respondent was contacted via text message that the resident had been incontinent twice, the urine had a smell and that the resident may have a UTI.
  - a. The Adelbrook ADL (activities of daily living) note dated July 18, 2018 identified the Respondent documented she was notified by staff on July 11, 2018 that the resident's urine smells "funny" but had no fever. The Respondent documented she made an appointment with the resident's PCP for July 16, 2018. The staff was to continue with the current plan of care.
  - b. A continuation of the same ADL note identified the Respondent documented that staff reported to her on the morning of July 16, 2018 that the resident had vomited, had been incontinent of urine during the night, and was afebrile. The Respondent instructed staff to administer a PRN of Zofran for the vomiting. The staff later notified the Respondent that the resident had eaten breakfast and no further vomiting had occurred. The Respondent documented she called the PCP's office to report the additional symptom of vomiting ahead of the scheduled appointment on July 16, 2018. The Respondent further documented that the resident was taken to the PCP appointment later that evening and was transferred to Middlesex Hospital for further evaluation because of a fever that did not go down. The Respondent documented that she was later informed that the resident had been admitted to CCMC for further evaluation and treatment.
  - c. The PJW vital signs and weight record sheet identified the resident's temperature and vital signs were not obtained/documentated during the month of July 2018.
3. The Adelbrook CRS Home daily notes dated July 15, 2018 on the night shift identified the resident woke up at 5AM (on July 16, 2018) and vomited. Staff assisted the resident in cleaning up and the resident went back to bed. Staff identified that the resident seemed "off and semi-aggressive" as they tried to assist the resident to get ready for camp. The Respondent was contacted regarding the

resident's vomiting and the resident's continued incontinence. The Respondent directed the staff to administer a PRN for the vomiting.

- a. The Adelbrook ADL note dated July 24, 2018 identified the Respondent documented the resident was discharged from CCMC on July 23, 2018. The resident was admitted on July 16, 2018 secondary to septic shock due to UTI/pyelonephritis. Intravenous antibiotics were administered, and the resident's hospitalization was complicated with hypotension requiring pressor support and hypoxic respiratory distress requiring oxygen support. The resident was discharged on Keflex 1000mg every six hours for 34 doses. The staff reported to the Respondent that the resident was visiting with family members at the group home when she went upstairs and collapsed becoming unresponsive. The Respondent was informed that CPR was initiated and that the rescue attempt was unsuccessful. The Respondent documented that this was her last nursing note.
  4. The PCP's note dated July 16, 2018 identified the resident was seen for an acute visit. Vital signs were listed as temperature of 102.3, heart rate of 140, respiratory rate of 16 and pulse OX at 98%. The PCP's assessment identified a concern for early sepsis and had the resident transported by private car to Middlesex ED.
    - a. The PCP's telephone log identified the July 16, 2018 appointment for 2:30PM was called in on July 16, 2018 at 11:45AM. No earlier calls were made to schedule an appointment with the resident's PCP.
  5. The Middlesex ED admitting note identified the resident was seen on July 16, 2018 at 16:22:00 (4:22PM) for lethargy and fever. Urinalysis results were positive for UTI. Chest x-ray identified bilateral ground glass airspace disease which may represent viral or fungal pneumonia. The resident was transported to CCMC due to a lack of inpatient pediatric beds.
  6. The autopsy report sent to DDS on September 13, 2018, identified the final diagnosis of Saddle embolus, large, no lower extremity deep vein thrombi from the recent hospitalization for urosepsis and obesity.
  7. The death certificated dated July 30, 2018 identified the cause of death to be Saddle Pulmonary Embolism, probable deep vein thrombosis associated with prolong hospitalization for urosepsis and obesity.
- C. A copy of the DDS Mortality Review was received on August 14, 2019 from the Petitioner (Exhibit C).**
1. The DDS Mortality Review listed the cause of death per the Death Certificate was identified as Saddle pulmonary embolism due to probable deep vein thrombosis associated with prolonged hospitalization for urosepsis and obesity.
- D. A copy of the patient's medical records was received on October 3, 2019 from Connecticut Children's Medical Center (Exhibit D).**
1. The medical records identified the patient was transferred from Middlesex Hospital Emergency Department (ED) on July 16, 2018 with a diagnosis of possible pyelonephritis. The Emergency Medical Service (EMS) identified the patient had presented with fever, vomiting and lethargy. The urine test was positive for leukocytes and nitrates and the chest x-ray was read as "viral vs fungal pneumonia". The patient received 1gram of ceftriaxone, two normal saline boluses, Toradol and Valium. The laboratory results were significant for white blood cells (WBC) of 24.5, otherwise the results were normal. The patient was transferred to CCMC and their Septic Shock protocol was initiated.
  2. The patient was discharged on July 23, 2018. Diagnoses included septic shock due to UTI, autism spectrum disorder, pyelonephritis and pediatric obesity.

**E. A written response to the allegation letter was received on November 4, 2019 with additional information received on November 18, 2019 from the Respondent via her attorney, Ellen M. Costello (Exhibit E).**

1. The Respondent denied the allegations. The staff did not report the patient was newly incontinent, just that the urine was “smelly”. She identified she called the physician’s office that day and found out the next available appointment was for Monday afternoon.
2. The Respondent identified she could not recommend cranberry juice or any other homeopathic remedies as this patient only drinks tiny sips at a time. The patient did not complain of any burning or urinating frequently. It was not until Monday morning that the staff informed her that the patient had vomited during the night and again in the early morning. The patient didn’t have a fever and the Respondent ordered Zofran to be administered and if the patient could keep breakfast down, to send the patient to school. The patient ended up going to school without incident.
3. The Respondent identified she did receive a text message on July 11, 2019 but called the group home to respond. She no longer has the phone or the text message that was sent. There were no other text messages that she received.

**F. A sworn statement was received on November 21, 2019 from Jasmine Langley, group home manager at Adelbrook (Exhibit F).**

1. Ms. Langley identified she had nothing else to add to the notes she documented on July 11, 2017 and July 16, 2017 in which she texted the Respondent about the patient’s signs and symptoms.

**G. A copy of the Respondent’s personnel file was received on December 16, 2019 Ric Wilkinson at PJW Nursing Consultants (Exhibit G).**

1. The Respondent’s personnel file identified she was hired on June 20, 2016 as a registered nurse (RN) Nurse Consultant. As part of her duties, she was responsible for medical case management and review, medication oversight and training for assigned locations. She was given a cell phone and laptop.
2. On her applications she identified in 1996, she had been convicted of possession of marijuana with intent to distribute. She was later pardoned with time served.
3. Her yearly evaluation dated November 29, 2019 identified she met all of her competency checklist criteria. No other yearly evaluations were submitted.

**H. A written statement was received on February 21, 2020 from Ric Wilkinson, RN, at PJW Nursing Consultants (Exhibit H).**

1. RN Wilkinson identified that a peer review was conducted by the Respondent’s nursing supervisor pursuant to Connecticut General Statutes 19a-17b and provided a copy of the statute. The Respondent was not disciplined. PJW did not receive any communications or a copy of the mortality review conducted following the “incident” and considered the matter closed.
2. RN Wilkinson identified his agency staff follows the policies and procedures of DDS’s Nursing Standard, Nursing Process # NS 09.1 and sent a copy. In addition, he identified all nurses are required to complete a “Nurse Competency Checklist” during orientation.

**I. A copy of the Respondent’s Peer Review was received on March 19, 2020 from the PJW Nursing Consultant attorney, Michael J. Spagnola (Exhibit I).**

1. The written statement from the Respondent’s supervisor, Sandy Lauria, RN, identified she and another employee, Michelle Pych, QA Coordinator, met with the Respondent on August 15, 2018. At that time, the Respondent identified that when the Adelbrook staff called her about the patient’s foul-smelling urine, she asked if the patient had a fever. The staff said no, and the Respondent identified she directed the staff to make a PCP appointment and the staff made the appointment and it was a few days out.

2. When RN Lauria questioned the Respondent as to why she didn't direct the staff to take the resident to the walk-in, the Respondent replied because the patient had no fever. RN Lauria instructed the Respondent that any time there is an UTI in question, the resident needs to be seen that day. The Respondent identified she had called the house in between the time of the first call and the day the resident went to the PCP. The staff informed her that the resident didn't have a fever and her urine no longer had a strong odor. When the resident went to the PCP, he sent the resident to the emergency department, and the resident was admitted with UTI/sepsis.
3. RN Lauria reviewed the Respondent's notes and identified she did not see documentation of all the calls the Respondent made in between the time of the initial staff call and the time of the PCP appointment. RN Lauria instructed the Respondent that her calls should have been documented with the name of the staff she spoke with, the date, and the time.

**Note by Investigator:** In the patient's medical records and in her allegation response, the Respondent identified she made the call to the PCP on July 11, 2018. The PCP's records identified the first and only call they received for an appointment was on July 16, 2018

**Statement of facts related to allegations:**

1. The Petitioner alleged the Respondent, a registered nurse, failed to appropriately address a patient's change in condition when the patient was newly incontinent and had odiferous urine.
2. A review of the DDS documents was conducted. The patient lived in a group home. On July 11, 2018, the group home staff notified the Respondent via text that the patient had been incontinent twice and that the urine had a bad smell. The Respondent instructed the staff to continue with the plan of care and documented she had called the patient's PCP to set up an appointment for July 16, 2018. On July 16, 2018, the group home staff notified the Respondent that the patient had vomited, was incontinent during the night and was afebrile. The Respondent documented she called the PCP ahead of the PCP appointment to report the additional symptom of vomiting. Upon further investigation, DDS identified the Respondent did not call the patient's PCP until July 16, 2018 at 11:45AM to arrange for the 2:30PM appointment on July 16, 2018 (5 days after the initial notification of a possible UTI).
3. The patient's PCP sent the patient to CCMC after his assessment. The patient was admitted on July 16, 2018 with a diagnosis of urosepsis and was discharged on July 23, 2018. The patient's parents drove the patient back to the group home. The patient collapsed at the top of the stairs during a visit with her family. CPR was initiated and an ambulance was called. CPR was not successful, and the patient expired. The DDS Mortality Review identified the death certificated identified the cause of death to be Saddle pulmonary embolism due to probable deep vein thrombosis associated with prolonged hospitalization for urosepsis and obesity.
4. The Respondent denied the allegations and stated the staff did not report symptoms of a urinary tract infection in the initial contact, just that the urine was "smelly".
5. A sworn statement from the Adlebrook group home staff member identified she called and texted the Respondent on July 11, 2018 and July 16, 2018. Her documentation on those dates were true and accurate.
6. The Respondent met with her supervisor concerning the death of the Adelbrook resident. The Respondent's supervisor found issues with the Respondent's judgement for not having the resident evaluated by the PCP sooner and her lack of documentation in the medical record. The Respondent's supervisor did not identify that she initiated any other disciplinary actions beyond their meeting on August 15, 2018.
7. Regarding when and who called the PCP for an appointment, there are discrepancies between what the Respondent told her supervisor, what she wrote in her allegation response,

what she documented in the medical records, and what is documented in the medical records of the PCP.

**Exhibit Legend:**

- A. The Petitioner's complaint
- B. The Petitioner's investigation documents
- C. DDS Mortality Review
- D. CCMC medical records
- E. Allegation response
- F. Sworn statement from Ms. Langley
- G. The Respondent's personnel file
- H. Policy & Procedure
- I. Peer Review

Investigation of Petition No. 2019-861

Paulette Simon, RN

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**Communication Log:**

Kathleen Pazdziora, RN, UNC, NI (Petitioner)

State of CT, DDS

345 Thorpe Avenue

Wallingford, CT 06492

Paulette Simon, RN (Respondent)

10 Wedgewood Drive

Apt. B1

Bloomfield, CT 06022

Ellen M. Costello, Esquire

Del Sole & Del Sole, L.L.P.

46 South Whittlesey Avenue

Wallingford, CT 06492

Ric Wilkinson, RN

Sandra Lauria, RN

Michelle Pych, QA Coordinator

PJW Nursing Consultants, L.L.C.

[R.wilkinson@pjwnursing.org](mailto:R.wilkinson@pjwnursing.org)

860-881-0945

Michael J. Spagnola, Esquire

Siegel O'Connor

150 Trumbull Street

Hartford, CT 06103

Investigation of Petition No. 2019-861  
Paulette Simon, RN

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**Confidential to File**

Patient = R.P. = [REDACTED]



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH  
Acting Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### BOARD OF EXAMINERS FOR NURSING

In re: **Lourdes Mercado, LPN**

Petition Nos. 2019-1074; 2020-113

### SUMMARY SUSPENSION ORDER


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

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

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

1. That license number 036248 of **Lourdes Mercado**, to practice as a licensed practical nurse in the State of Connecticut is hereby summarily suspended pending a final determination by the Board of Examiners for Nursing regarding the allegations contained in the Statement of Charges, and
2. That said license shall be ***immediately surrendered*** to the Department of Public Health, 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 20th day of January 2021, at 9:00 a.m. The hearing will be held by video conference.

Dated at Waterbury, Connecticut this 16th day of December, 2020.

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



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

*Affirmative Action/Equal Opportunity Employer*



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

Lourdes Mercado  
824 Main Street  
Willimantic CT 06226

**VIA EMAIL ONLY** ([lmercado0323@gmail.com](mailto:lmercado0323@gmail.com))

**RE: Lourdes Mercado, LPN - Petition Nos. 2019-1074; 2020-1131**

**NOTICE OF HEARING**

By authority of the General Statutes of Connecticut, Section 4-177, you are hereby notified to appear before the Board of Examiners for Nursing for a hearing on the attached Charges against you at 9:00 AM on **January 20, 2021**. The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing.

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

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

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

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

**Representation by an Attorney:**

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

**Documents:**

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

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

The following information shall be redacted.

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

**Order Re: Filings**

In preparation for this hearing you must, no later than November 4, 2020, provide the information specified in the attached Notice for Submissions.

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

**Failure to Appear:**

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

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

Dated at Hartford, Connecticut this 17th day of December, 2020.

For the Connecticut Board of Examiners for Nursing

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist

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

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

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

## Notice for Submissions

The hearing in the matter of **Lourdes Mercado, LPN** has been scheduled for **January 20, 2021** and will be conducted remotely through Microsoft Teams/teleconference.

On or before **January 5, 2021**, you must provide the following by electronic mail response to the hearing office at [phho.dph@ct.gov](mailto:phho.dph@ct.gov)

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

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

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

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

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

In re: Lourdes Mercado, L.P.N.

Petition No. 2019-1074

Petition No. 2020-1131

**STATEMENT OF CHARGES**

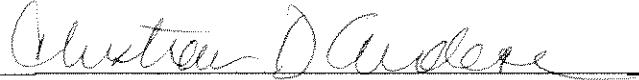
Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Lourdes Mercado:

1. Lourdes Mercado of Willimantic, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut nursing license number 036248.
2. On August 14, 2019, the Connecticut Board of Examiners for Nursing (hereinafter "the Board") issued a Memorandum of Decision in Petition Number 2016-1279 that placed respondent's license on probation for a period of two years. Such disciplinary action was based upon respondent's violations of a previous Memorandum of Decision finding that respondent diverted oxycodone tablets, failed to completely, properly and/or accurately document Medical Administration Records, and falsified one or more Controlled Substance Disposition Records.
3. Respondent violated the Memorandum of Decision in Petition Number 2016-1279, in one or more of the following ways:
  - a. On or about August 11, 2020, respondent returned to the practice of nursing without pre-approval from the Department, as required by paragraph 1B;
  - b. Respondent failed to provide her employer with a copy of the decision within thirty days of the commencement of employment, as required by paragraph 1D;
  - c. Respondent failed to provide monthly employer reports from her supervisor, as required by paragraph 1E;
  - d. Respondent failed to notify the Department of her involuntary termination from her nursing employment, as required by paragraph 1G; and/or
  - e. Respondent failed to notify the Department prior to changing her address, as required by paragraph 1J.
4. On or about March 6, 2019, at a hearing before the Board, respondent admitted and/or testified to one or more of the following:
  - a. Respondent has substance abuse issues;
  - b. Respondent sought treatment for substance abuse; and/or
  - c. Respondent was placed on methadone.
5. Respondent's conduct as described above constitutes grounds for disciplinary action pursuant to the General Statutes of Connecticut §§19a-17 and 20-99(b).

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 Lourdes Mercado as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 10<sup>th</sup> day of December 2020.



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

**From:** [Lourdes MERCADO](#)  
**To:** [Kardys, Jeffrey](#)  
**Subject:** Re: Lourdes Mercado, LPN-Petition Nos.2019-1074;2020-1131  
**Date:** Tuesday, December 29, 2020 4:18:46 PM

---

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

To whom it may concern:

Im writing this answer in response to the events that occurred with the DPH Nursing Board on 12/16/2020.

There is something I want to mention before I begin. I would like to mention that during my last hearing, it was agreed upon with both sides, that any correspondence coming from DPH that is time sensitive or not would come as certified mail. This has happened before and it was agreed upon. This matter was not sent certified. By the time I got access to the email, it was too late. I just want to make sure that its only fair if it was agreed upon that I get that chance.

As for the accusations that were mentioned, I feel they are inaccurate as to what occurred. I look forward to showing the board with irrefutable evidence that what I am accused of is not accurate.

I look forward to discussing these issues on 1/20/2021 with the nursing board. I am optimistic the board will see that I am NOT a threat to any patient or the community. I am hopeful the board will also see the only thing I'm guilty of is putting my trust in JACC Healthcare (and the DNS) to manage Vanderman Place with the utmost ethical, moral and safety standards. The Department of Health already knows what a distasteful company this is, so I will not expand on that subject. The DNS however started out with good intentions but then her judgement was quickly blinded. I won't go into details here because I am representing myself with no advice or guidance from an attorney and I dont know my rights. I will say that I was marked as a bad employee only after I decided I no longer wanted to play along.

Thank you for your time and I look forward to discussing the matters brought forth to this board.

Sincerely,

Lourdes Mercado

On Mon, Dec 28, 2020, 3:57 PM Kardys, Jeffrey <[Jeffrey.Kardys@ct.gov](mailto:Jeffrey.Kardys@ct.gov)> wrote:

| Lourdes,

The answer which you submitted cannot be opened. Please paste you answer into an email and send it to me that way. Thanks

---

Jeffrey A. Kardys  
Administrative Hearings Specialist  
State of Connecticut  
Department of Public Health  
Legal Office/Public Health Hearing Office

410 Capitol Avenue, MS 13PHO  
PO Box 340308  
Hartford, CT 06134-0308  
**860-509-7566 Fax 860-707-1904**

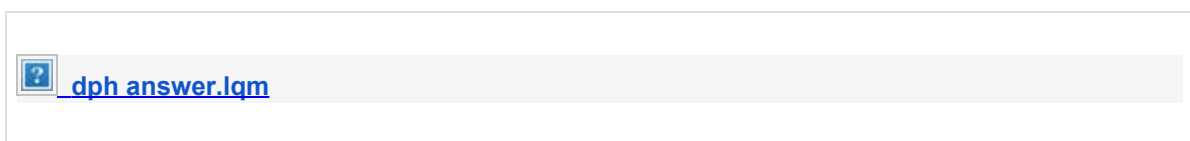
[Jeffrey.kardys@ct.gov](mailto:Jeffrey.kardys@ct.gov)

[www.ct.gov/dph/hearingoffice](http://www.ct.gov/dph/hearingoffice)



**From:** Lourdes MERCADO <[lmercado0323@gmail.com](mailto:lmercado0323@gmail.com)>  
**Sent:** Sunday, December 27, 2020 11:25 PM  
**To:** phho, dph <[phho.dph@ct.gov](mailto:phho.dph@ct.gov)>  
**Subject:** Lourdes Mercado, LPN-Petition Nos.2019-1074;2020-1131

Answer





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

Natalie Primini  
110 Summerhill Road  
Wallingford, CT 06492

Via Email (natprimini@comcast.net)

**RE: Natalie Primini LPN – License Reinstatement Request**

**NOTICE OF HEARING**

Pursuant to the General Statutes of Connecticut Section 19a-17, Subsection (d), you are hereby notified to appear before the Connecticut Board of Examiners for Nursing for a hearing to determine whether your licensed practical nurse license may be reinstated. The hearing will be held **November 18, 2020 at 9:00 a.m.**

The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing.

At the aforementioned hearing you may be represented by legal counsel at your own expense or you may present evidence on your own behalf. You will have the burden of satisfying the Board of your ability to practice nursing with reasonable skill and safety. Evidence of the outcomes of your efforts toward recovery, which demonstrate maintenance of recovery over a lengthy period of time, especially in relationship to length of time of substance abuse, is to be presented to the Board. The Board will require you at that time, to present current evidence regarding:

- 1) Documentary or testimonial evidence from a licensed **therapist** documenting a lengthy period of drug/alcohol free status documented by reports of therapy, your emotional health, and your ability to administer safe nursing care, including the administration of controlled substances.
- 2) **Personal references** stipulating, but not limited to, the following: your drug/alcohol free status, emotional health, and work habits.
- 3) Documentary or testimonial evidence from **current and past employers** (since revocation of your license) documenting your ability to responsibly and accurately carry out assigned duties and your potential for functioning safely and effectively as a nurse.
- 4) Copies of **random, legally defensible screens** for drugs and alcohol conducted by your therapist and/or physician which support your drug/alcohol free status.
- 5) Documentation of participation in support groups and support of a sponsor, as well as the outcome of your participation in support groups.
- 6) Documentation from your therapist and/or physician which includes a **list of current medications** prescribed by all providers, an evaluation of your need for these medications and an assessment of your continued need for these medications.

In addition, please be prepared to present, at the hearing, any additional information relevant to your current ability to administer safe nursing care.

In preparation for this hearing you must, no later than November 4, 2020, provide the information specified in the attached Notice for Submissions.

The Board may hold a fact-finding meeting immediately following the close of the record.

Dated at Hartford, Connecticut, this 15th day of September 2020.

**FOR: Connecticut Board of Examiners for Nursing**

*/s/ Jeffrey A. Kardys* \_\_\_\_\_

Jeffrey A. Kardys, Administrative Hearings Specialist  
Department of Public Health  
410 Capitol Avenue, MS #13PHO  
PO Box 340308  
Hartford, CT 06134-0308  
Tel. (860) 509-7566 FAX (860) 707-1904  
jeffrey.kardys@ct.gov

c: Dana Dalton, Supervising Nurse Consultant  
Deborah M. Brown, Health Program Associate

## **Notice for Submissions**

The hearing in the matter of **Natalie Primini, LPN** has been scheduled for **November 18, 2020** and will be conducted remotely through Microsoft Teams/teleconference.

On or before **November 4, 2020**, you must provide the following by electronic mail response to the hearing office at [phho.dph@ct.gov](mailto:phho.dph@ct.gov)

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

In preparation for the remote hearing, please make sure all of your devices are fully functioning and properly charged. All participants are required to have video and audio functions on when testifying or speaking.

Our office will contact you again 3 to 5 calendar days prior to the hearing to provide you with any further instructions and a Microsoft Teams link / phone number and code to enter the hearing.

Should you have any questions regarding the above, please contact the hearing office.

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Deidre S. Gifford, MD, MPH  
Acting Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### **BOARD OF EXAMINERS FOR NURSING**

November 10, 2020

Natalie Primini  
110 Summerhill Road  
Wallingford, CT 06492

VIA EMAIL (natprimini@comcast.net)

Diane Wilan, Staff Attorney  
Department of Public Health  
410 Capitol Avenue, MS #12LEG  
PO Box 340308  
Hartford, CT 06134-0308

VIA EMAIL ONLY

**RE: Natalie Primini LPN – License Reinstatement Request**

### **NOTICE OF HEARING**

The hearing in the above referenced matter, is rescheduled to **January 20, 2021**.

The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing.

In addition, the deadline for the submission of pre-field exhibits is extended to January 6, 2021.

**FOR: BOARD OF EXAMINERS FOR NURSING**

*/s/ Jeffrey A. Kardys*

Jeffrey A. Kardys, Administrative Hearings Specialist/Board Liaison  
Department of Public Health  
410 Capitol Avenue, MS #13PHO  
PO Box 340308  
Hartford, CT 06134-0308  
Tel. (860) 509-7566 FAX (860) 707-1904



Phone: (860) 509-7566 • Fax: (860) 707-1904  
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[www.ct.gov/dph](http://www.ct.gov/dph)

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### **Notice for Submissions**

The hearing in the matter of **Natalie Primini, LPN** has been scheduled for **January 20, 2021** and will be conducted remotely through Microsoft Teams/teleconference.

On or before **January 6, 2020**, you must provide the following by electronic mail response to the hearing office at [phho.dph@ct.gov](mailto:phho.dph@ct.gov)

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

In preparation for the remote hearing, please make sure all of your devices are fully functioning and properly charged. All participants are required to have video and audio functions on when testifying or speaking.

Our office will contact you again 3 to 5 calendar days prior to the hearing to provide you with any further instructions and a Microsoft Teams link / phone number and code to enter the hearing. Should you have any questions regarding the above, please contact the hearing office.



To whom it May Concern,

I am writing this letter to appeal to the board for a reinstatement of my LPN license. My license was suspended as of 2013 because of a medication error that I made administering Tylenol instead of Percocet. This experience has been very humbling to say the least. At the time of the incident I was a young nurse and now realize, very careless. Although I cared very deeply for my patients and considered the long term care unit I worked on my second home I was perhaps more concerned with cutting corners which proved to be dangerous. I worked at Masonicare beginning my career as a CNA and later graduating LPN school in December of 2007. At Masonicare I trained on a subacute rehabilitation unit as a new nurse and gained a lot of valuable experience. I also floated throughout the building which gave me experience in long term care, locked Alzheimer's units, and even a geriatric psychiatric unit. I enjoyed floating around but longed for a permanent position and a floor I could call home. In 2012 I took a position on the 6th floor a long-term skilled nursing unit. Not unlike any other facility I was responsible for two med passes, one at 1700, and the second at 2100, which I would consider the bulk of my assignment working a shift at Masonicare.

I always went above and beyond for every single one of my patients and their families. I worked closely as part of an interdisciplinary team with physical therapists, occupational therapists, social workers, other medical professionals such as APRNs and Doctors. During my med pass I would pre-pour medication including narcotics, use stock medications instead of individuals assigned bubble packs all in the essence of saving time, or so I thought. I did not follow the policies and procedures in place for passing

medications to safeguard both the nurse and the patients. I also found myself not completing my documentation as expected, signing the MAR during my med pass, doing the 3 checks, as I was taught. The particular day that I made the medication error was no different it was a weekend shift and I did not sign off on the MAR as I passed out medications, I had selfishly planned on completing it when I returned for my shift the following Monday, which never came because I was pulled off shift as I entered the unit. I'd made a habit of signing out my narcotics at the end of my med pass instead of at the time when I pulled them out. I realize now how all of these things led to my error and cost me my nursing license. Ever since I was a little girl as far back as I can remember I've always wanted to be a nurse. I always say that caring for others and helping people is something that is innate in me, it is my nature to be kind, gregarious, and help others. I thoroughly enjoyed my job every single day and often picked up extra shifts and worked doubles. Which was the case at the time of the incident. I realize now that I was working too much and not getting nearly enough sleep to be at full capacity. All of these shortcomings could be and should have been avoided and it is what I struggle with most in the time that has passed since my license was revoked.

In the past five years I have changed greatly and naturally also matured as a person. Shortly after being terminated from Masonic I struggled with the fact that I no longer wanted to be a nurse. I thought of going to school for an entirely different field of work. I began waitressing evenings and enrolled in school to finish my Associates Degree at Naugatuck Valley Community College. In 2014 I moved to Georgia to be with my mother and took classes at University of North Georgia. I began to realize that healthcare and serving people is the only profession for me and obtained my phlebotomy certificate

there. In 2015 I had my daughter and was a stay at home mother for some time. As my daughter got older my passion for wanting to work helping others only deepened, I wanted to stay in the field of healthcare so I went back to my beginnings and got a job working part time, nights as a caregiver at an assisted living facility. It was very tough balancing working nights and being a new mother but I have been determined to succeed on my journey to getting my LPN license restored no matter what I will have to endure.

Moving back to Connecticut in 2017 I decided to move in a different direction with my education, knowledge, and experience in healthcare. I got hired as a part time direct support professional for Vantage Group in Wallingford, CT. Vantage Group serves all ages of individuals with intellectual disabilities, mentally challenged and autistic individuals. After working part time in I'm home services sector for vantage group I transferred to a full-time position at their Day Program. I thoroughly enjoy working with the individuals we serve and have even taken a position working one on one with a 24 year old female individual with limited verbal skills and explosive behaviors. During my time working with this individual I have developed an unbreakable rapport with her and helped her greatly reduce the number of negative behaviors she has in the community and at program and helped her assimilate with her peers at outings. At Vantage Group I am scheduled to take the DDS Medication Certification class in the future to continue to broaden my skills in the field. When I am finished with the class I will become med certified so that I can pass medications when necessary.

When I get my LPN reinstated I plan to continue to serve this population of individuals perhaps in a group home setting to be able to enrich their lives and help them continue to integrate successfully into the community while encouraging independence.



This process is all new to me but I know I will continue to persevere and I will do whatever the board recommends as conditions for reinstatement. I can see myself returning to the nursing field and continuing to make a positive impact on the lives of others around me. I plan to take any retraining or refresher courses required to fulfill the requirement should my license be reinstated as well as any orientation programs at a new facility for employment. I will also prepare and sit for the NCLEX. I hope to further my education to become a RN. I sincerely appreciate your time and attention with this matter and also moving forward with this process.

Sincerely,

Natalie Primini



29 North Plains Highway, Unit 15 Wallingford, Connecticut 06492 (203) 234-7737 Fax (203) 793-7817 [www.vantagegroupinc.org](http://www.vantagegroupinc.org)

---

May 3, 2019

To Whom It May Concern:

I highly recommend Natalie Primini for the reinstatement of her LPN License. I have worked with Natalie in my position for the past 7 months.

Natalie has a wonderful rapport with the adults with disabilities that she supports. She has a special talent working with the adults who need guidance and support throughout the day, especially with the 1:1 individual that she has recently been supporting. Her ability to connect with this population and her talent at being empathetic, as well as flexible when necessary, has made her an asset to this program.

She accomplishes all her tasks with great initiative and with a very positive attitude. She has excellent written and verbal communication skills, is extremely organized, reliable and computer literate. She has been working on getting her Medication Passing Certification to be able to help in that capacity since she began working in the Day Program full time and her tenacity shows how passionate she is about this.

She comes with a lot of knowledge and even though she isn't currently practicing as an LPN, she knows what she's doing and it shows in the way that she works. Everything she does is with care, kindness, concern, and diligence.

Natalie is a tremendous asset to our program and I recommend her to you without reservation to reinstate her License. If you have any further questions, please do not hesitate to contact me.

Sincerely,

Miriam Correia  
(203) 915-7099  
[Corrmiriam@gmail.com](mailto:Corrmiriam@gmail.com)

December 14, 2019

To Whom it May Concern,

I began my career in healthcare as a CNA and decided to continue my education and my passion for being a nurse and go to LPN school. In January of 2008 I obtained my LPN license and continued my career at Masonic Healthcare Center. I thoroughly enjoyed my job as a nurse helping and caring for others. I am a very gregarious, empathetic, and caring individual. In 2012 I made a medication error and I administered Tylenol instead of Percocet to a patient. At the time of the med error I was cutting corners and pre pouring medications. These bad habits led to being careless passing medications and not following proper policies and procedures in place to safeguard patients and nurses. I also was not filling out my MARs as I was passing medications and chose to do them at the end of my shift or upon my return the next shift. I realize how all of these shortcomings attributed to my error and could have easily been avoided.

In 2011 I began to self medicate for depression and anxiety with pain pills and finally sought help in 2013. At the time of my summary suspension I retained an attorney to assist with this matter. My attorney suggested that I seek treatment for medical issues. Since I sought treatment I have been grateful for a new start and successful in recovery. I thought that being a nurse and my job at Masonic defined me, and I had lost everything. I relocated to Georgia to live with my mother and I had my daughter there in 2015. I attended biweekly SMART meetings in Cumming, Georgia for

a support group in the community as well as weekly counseling sessions at North Fulton Treatment Center with a licensed therapist. I am currently continuing treatment and attending monthly outpatient groups facilitated by Connecticut Counseling Center and periodic one on one meetings with my counselor. I lived in Georgia from 2014-2017 and have included copies of records of negative urine drug screens for review, and have included records from Connecticut Counseling Centers which detail negative urine drug screens since 6/2017. I have also included a methadone taper plan I started at 100mg and I am now at 30mg.

For the past six years I have worked very hard to maintain my recovery and also grown and matured as an individual. I have worked in many different areas of the service industry including restaurants, retail, and healthcare and have always thrived most doing what I am meant to do, caring and helping others.

When my license is reinstated as it has been greater than 5 years I plan on taking the the NCLEX and LPN refresher course approved by the Connecticut Board of Examiners for Nursing. I have worked at Vantage Group Inc as a direct support professional with individuals with intellectual disabilities and autism for the past two years. I would like to stay in the field as an LPN and work in a smaller setting caring for individuals of all ages in a group home, enriching the lives of others and helping them reach their full potential. I hope to continue my education and obtain my RN license in the future.

When the initial hearings for my license suspension were occurring I was overcome by anxiety and depression and not able to appropriately cope with the realization of what was occurring. The work that I have done in my recovery along with my support system has better prepared me to focus on my goals. I take full responsibility for my actions

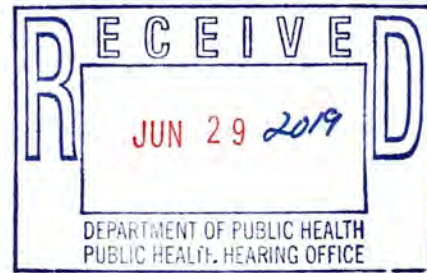
and realize the mistakes that I made that lead to the revocation of my LPN license and have paid for my mistake. I am fully prepared to practice and deliver safe and quality nursing care when my license is reinstated in the future and I look forward to returning to the work force as an LPN.

Thank you for your time,

Natalie Primini

## DPH Exhibits

To whom it May Concern,



I am writing this letter to appeal to the board for a reinstatement of my LPN license. My license was suspended as of 2013 because of a medication error that I made administering Tylenol instead of Percocet. This experience has been very humbling to say the least. At the time of the incident I was a young nurse and now realize, very careless. Although I cared very deeply for my patients and considered the long term care unit I worked on my second home I was perhaps more concerned with cutting corners which proved to be dangerous. I worked at Masonicare beginning my career as a CNA and later graduating LPN school in December of 2007. At Masonicare I trained on a subacute rehabilitation unit as a new nurse and gained a lot of valuable experience. I also floated throughout the building which gave me experience in long term care, locked Alzheimer's units, and even a geriatric psychiatric unit. I enjoyed floating around but longed for a permanent position and a floor I could call home. In 2012 I took a position on the 6th floor a long-term skilled nursing unit. Not unlike any other facility I was responsible for two med passes, one at 1700, and the second at 2100, which I would consider the bulk of my assignment working a shift at Masonicare.

I always went above and beyond for every single one of my patients and their families. I worked closely as part of an interdisciplinary team with physical therapists, occupational therapists, social workers, other medical professionals such as APRNs and Doctors. During my med pass I would pre-pour medication including narcotics, use stock medications instead of individuals assigned bubble packs all in the essence of saving time, or so I thought. I did not follow the policies and procedures in place for passing

medications to safeguard both the nurse and the patients. I also found myself not completing my documentation as expected, signing the MAR during my med pass, doing the 3 checks, as I was taught. The particular day that I made the medication error was no different it was a weekend shift and I did not sign off on the MAR as I passed out medications, I had selfishly planned on completing it when I returned for my shift the following Monday, which never came because I was pulled off shift as I entered the unit. I'd made a habit of signing out my narcotics at the end of my med pass instead of at the time when I pulled them out. I realize now how all of these things led to my error and cost me my nursing license. Ever since I was a little girl as far back as I can remember I've always wanted to be a nurse. I always say that caring for others and helping people is something that is innate in me, it is my nature to be kind, gregarious, and help others. I thoroughly enjoyed my job every single day and often picked up extra shifts and worked doubles. Which was the case at the time of the incident. I realize now that I was working too much and not getting nearly enough sleep to be at full capacity. All of these shortcomings could be and should have been avoided and it is what I struggle with most in the time that has passed since my license was revoked.

In the past five years I have changed greatly and naturally also matured as a person. Shortly after being terminated from Masonic I struggled with the fact that I no longer wanted to be a nurse. I thought of going to school for an entirely different field of work. I began waitressing evenings and enrolled in school to finish my Associates Degree at Naugatuck Valley Community College. In 2014 I moved to Georgia to be with my mother and took classes at University of North Georgia. I began to realize that healthcare and serving people is the only profession for me and obtained my phlebotomy certificate

there. In 2015 I had my daughter and was a stay at home mother for some time. As my daughter got older my passion for wanting to work helping others only deepened, I wanted to stay in the field of healthcare so I went back to my beginnings and got a job working part time, nights as a caregiver at an assisted living facility. It was very tough balancing working nights and being a new mother but I have been determined to succeed on my journey to getting my LPN license restored no matter what I will have to endure.

Moving back to Connecticut in 2017 I decided to move in a different direction with my education, knowledge, and experience in healthcare. I got hired as a part time direct support professional for Vantage Group in Wallingford, CT. Vantage Group serves all ages of individuals with intellectual disabilities, mentally challenged and autistic individuals. After working part time in I'm home services sector for vantage group I transferred to a full-time position at their Day Program. I thoroughly enjoy working with the individuals we serve and have even taken a position working one on one with a 24 year old female individual with limited verbal skills and explosive behaviors. During my time working with this individual I have developed an unbreakable rapport with her and helped her greatly reduce the number of negative behaviors she has in the community and at program and helped her assimilate with her peers at outings. At Vantage Group I am scheduled to take the DDS Medication Certification class in the future to continue to broaden my skills in the field. When I am finished with the class I will become med certified so that I can pass medications when necessary.

When I get my LPN reinstated I plan to continue to serve this population of individuals perhaps in a group home setting to be able to enrich their lives and help them continue to integrate successfully into the community while encouraging independence.



This process is all new to me but I know I will continue to persevere and I will do whatever the board recommends as conditions for reinstatement. I can see myself returning to the nursing field and continuing to make a positive impact on the lives of others around me. I plan to take any retraining or refresher courses required to fulfill the requirement should my license be reinstated as well as any orientation programs at a new facility for employment. I will also prepare and sit for the NCLEX. I hope to further my education to become a RN. I sincerely appreciate your time and attention with this matter and also moving forward with this process.

Sincerely,

Natalie Primini



29 North Plains Highway, Unit 15 Wallingford, Connecticut 06492 (203) 234-7737 Fax (203) 793-7817 www.vantagegroupinc.org

---

May 3, 2019

To Whom It May Concern:

I highly recommend Natalie Primini for the reinstatement of her LPN License. I have worked with Natalie in my position for the past 7 months.

Natalie has a wonderful rapport with the adults with disabilities that she supports. She has a special talent working with the adults who need guidance and support throughout the day, especially with the 1:1 individual that she has recently been supporting. Her ability to connect with this population and her talent at being empathetic, as well as flexible when necessary, has made her an asset to this program.

She accomplishes all her tasks with great initiative and with a very positive attitude. She has excellent written and verbal communication skills, is extremely organized, reliable and computer literate. She has been working on getting her Medication Passing Certification to be able to help in that capacity since she began working in the Day Program full time and her tenacity shows how passionate she is about this.

She comes with a lot of knowledge and even though she isn't currently practicing as an LPN, she knows what she's doing and it shows in the way that she works. Everything she does is with care, kindness, concern, and diligence.

Natalie is a tremendous asset to our program and I recommend her to you without reservation to reinstate her License. If you have any further questions, please do not hesitate to contact me.

Sincerely,

Miriam Correia  
(203) 915-7099  
Corrmiriam@gmail.com

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

PUBLIC HEALTH HEARING OFFICE

August 21, 2014

Natalie Primini  
110 Summerhill Road  
Wallingford CT 06492-3424

CMRRR # 91 7199 9991 7032 2704 3200  
First Class Mail

Matthew Antonetti, Principal Attorney  
Department of Public Health  
Licensure Regulation and Compliance  
410 Capitol Avenue, MS #12LEG  
PO Box 340308  
Hartford, CT 06134-0308

E-mail

RE: **Natalie Primini, LPN**

**Petition No. 2013-69**

Dear Ms. Primini and Attorney Antonetti:

Enclosed please find a copy of the Memorandum of Decision issued by the **Board of Examiners for Nursing** in the above-referenced matter.

Sincerely,

A handwritten signature in cursive script that reads "Janice E. Wojick".

Janice E. Wojick, Administrative Assistant, Board Liaison  
Public Health Hearing Office

c: Lynn A. Rioux, Paralegal Specialist II, Office of the Attorney General  
Wendy H. Furniss, Branch Chief, Healthcare Quality and Safety, DPH  
Christian Andresen, Section Chief, Practitioner Licensing and Investigations, DPH  
Lavita Sookram, RN, DPH Monitoring Unit



Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611

410 Capitol Avenue, P.O. Box 340308

Hartford, Connecticut 06134-0308

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

Natalie Primini, L.P.N.  
License No. 034112

Petition No. 2013-69

**MEMORANDUM OF DECISION**

**I**

***Procedural Background***

On March 12, 2013, the Department of Public Health ("Department") filed a Statement of Charges ("Charges") with the Board of Examiners for Nursing ("Board"). Board Exhibit ("Bd. Ex.") 1. The Charges allege violations of Chapter 378 of the General Statutes of Connecticut ("Conn. Gen. Stat.") by Natalie Primini ("Respondent"), which would subject Respondent's licensed practical nurse ("L.P.N.") license to disciplinary action pursuant to Conn. Gen. Stat. §§ 19a-17 and 20-99(b). Bd. Ex. 1.

On April 3, 2013, the Department filed a Motion for Summary Suspension ("Motion") with the Board, which was granted. Bd. Ex. 2.

Based on the allegations in the Charges, the Board found that Respondent's continued nursing practice presented a clear and immediate danger to public health and safety and ordered, on April 3, 2013, pursuant to Conn. Gen. Stat. §§ 4-182(c) and 19a-17(c), that Respondent's L.P.N. license be summarily suspended pending a final determination by the Board of the allegations contained in the Charges ("Order"). Bd. Ex. 2.

On April 13, 2013, a State Marshal served Respondent the Order, Charges, and Notice of Hearing ("Notice") at her usual place of abode. The hearing was scheduled for April 17, 2013. Bd. Ex. 1-3.

On April 17, 2013, Respondent appeared at the hearing. She was not represented by an attorney. Attorney Diane Wilan represented the Department. Transcript ("Tr.") 4/17/13, p. 4. The Board granted Respondent's request for a continuance. Tr. 4/17/13, pp. 5-6.

On April 19, 2013, the hearing was scheduled to convene on June 5, 2013. Bd. Ex. 4.

On June 5, 2013, the Board granted Respondent's request for a second continuance. The hearing was rescheduled to convene on September 18, 2013. Bd. Ex. 6.

On September 17, 2013, Attorney Joseph Summa filed a letter of appearance on Respondent's behalf and requested a six month continuance to permit Respondent to seek medical treatment. Bd. Ex. 8. The Board granted the request and the hearing was continued until March 19, 2014. Bd. Ex. 7.

On March 18, 2014, Attorney Summa requested a continuance of the March 19, 2014 hearing on Respondent's behalf. Bd. Ex. 9.

On March 19, 2014, the Board granted the request and continued the hearing until May 7, 2014. The Board also ordered Respondent to file an Answer to the Charges by April 1, 2014 and to surrender her license immediately. Bd. Ex. 10.

On April 24, 2014, Attorney Summa notified the Department that Respondent was in Florida. Despite Respondent's stated intentions and her attorney's understanding of the matter, she had not voluntarily surrendered her license. Bd. Ex. 11.

On May 7, 2014, the hearing was held. Neither Respondent nor her attorney was present. Attorney Diane Wilan represented the Department. Tr. 5/7/14, p. 2.

Respondent did not file an Answer to Charges. Tr.5/7/14, pp. 5-6. Attorney Wilan orally moved to deem the allegations admitted ("Motion"). Tr. 5/7/14, pp. 6-7. The Board granted the Motion. Tr.5/7/14, p. 7.

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

Each member of the Board involved in this decision attests that 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 Natalie Primini of Wallingford, Connecticut is, and has been at all times, referenced in the Charges, the holder of Connecticut licensed practical nurse license number 034112.

2. In paragraph 2 of the Charges, the Department alleges that at all relevant times, Respondent was employed as a L.P.N. at Masonic Healthcare Center (“Masonic Healthcare”) in Wallingford, Connecticut.
3. In paragraph 3 of the Charges, the Department alleges that during approximately December 8, 2012 through December 10, 2012, while working as a L.P.N. at Masonic Healthcare, Respondent:
  - a. administered acetaminophen to a patient instead of Percocet, as prescribed;
  - b. failed to follow proper medication administration procedures; and/or
  - c. failed to completely, properly and/or accurately document medical or hospital records.
4. In paragraph 4 of the Charges, the Department alleges that the above described facts constitute grounds for disciplinary action pursuant to Conn. Gen. Stat. § 20-99(b), including but not limited to § 20-99(b)(2).

### III

#### *Findings of Fact*

1. The Department provided Respondent with reasonable and adequate written notice of the hearing and the allegations contained in the Charges. Bd. Ex. 9-11
2. On May 7, 2014, neither Respondent nor her attorney appeared at the hearing. Neither Respondent nor her attorney requested a continuance. Tr. 5/7/14, p. 2.
3. Respondent did not file an Answer, although the Board had extended the filing deadline until April 1, 2014. Tr. 5/7/14, pp. 6-7.
4. The factual allegations contained in paragraphs 1 through 3 of the Charges are deemed admitted and true. Tr. 5/7/14, pp. 6-7.

### 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.

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

Since Respondent did not file an Answer, the allegations are deemed admitted. Conn. Agencies Regs. § 19a-9-20. Therefore, the Department established by a preponderance of the evidence that during December 8 through December 10, 2012, Respondent, while working as a L.P.N. at Masonic Healthcare administered acetaminophen to a patient instead of Percocet, as prescribed; failed to follow proper medication administration procedures; and/or failed to completely, properly and/or accurately document medical or hospital records. Thus, the Board concludes that Respondent's conduct, as alleged in paragraphs 1 through 3 of the Charges, is deemed to be admitted and true, and constitutes grounds for disciplinary action pursuant to Conn. Gen. Stat. §§ 20-99(b)(2) and 19a-17.

***Order***

Based on the record in this case, the above findings of fact and conclusions of law, the Board hereby orders, with respect to license number 034112 held by Natalie Primini to practice as a L.P.N. in the State of Connecticut is hereby **REVOKED**.

This Memorandum of Decision becomes effective on the date signed by the Board.

The Board hereby informs Respondent, Natalie Primini, and the Department of this decision.

Dated at Hartford, Connecticut this 20<sup>th</sup> day of August, 2014.

BOARD OF EXAMINERS FOR NURSING

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

**CERTIFICATION**

I hereby certify that, pursuant to Connecticut General Statutes Section 4-180(c), a copy of the foregoing Memorandum of Decision was sent this 21<sup>st</sup> day of August 2014, certified mail return receipt requested and first class mail to:

Natalie Primini  
110 Summerhill Road  
Wallingford CT 06492-3424

*and E-Mail to:*

Matthew Antonetti, Principal Attorney  
Licensure Regulation and Compliance  
Department of Public Health – MS#12LEG  
410 Capitol Avenue  
P. O. Box 340308  
Hartford CT 061343-0308

  
Janice E. Wojick, Hearings Liaison



December 14, 2019

To Whom it May Concern,

I began my career in healthcare as a CNA and decided to continue my education and my passion for being a nurse and go to LPN school. In January of 2008 I obtained my LPN license and continued my career at Masonic Healthcare Center. I thoroughly enjoyed my job as a nurse helping and caring for others. I am a very gregarious, empathetic, and caring individual. In 2012 I made a medication error and I administered Tylenol instead of Percocet to a patient. At the time of the med error I was cutting corners and pre pouring medications. These bad habits led to being careless passing medications and not following proper policies and procedures in place to safeguard patients and nurses. I also was not filling out my MARs as I was passing medications and chose to do them at the end of my shift or upon my return the next shift. I realize how all of these shortcomings attributed to my error and could have easily been avoided.

In 2011 I began to self medicate for depression and anxiety with pain pills and finally sought help in 2013. At the time of my summary suspension I retained an attorney to assist with this matter. My attorney suggested that I seek treatment for medical issues. Since I sought treatment I have been grateful for a new start and successful in recovery. I thought that being a nurse and my job at Masonic defined me, and I had lost everything. I relocated to Georgia to live with my mother and I had my daughter there in 2015. I attended biweekly SMART meetings in Cumming, Georgia for

a support group in the community as well as weekly counseling sessions at North Fulton Treatment Center with a licensed therapist. I am currently continuing treatment and attending monthly outpatient groups facilitated by Connecticut Counseling Center and periodic one on one meetings with my counselor. I lived in Georgia from 2014-2017 and have included copies of records of negative urine drug screens for review, and have included records from Connecticut Counseling Centers which detail negative urine drug screens since 6/2017. I have also included a methadone taper plan I started at 100mg and I am now at 30mg.

For the past six years I have worked very hard to maintain my recovery and also grown and matured as an individual. I have worked in many different areas of the service industry including restaurants, retail, and healthcare and have always thrived most doing what I am meant to do, caring and helping others.

When my license is reinstated as it has been greater than 5 years I plan on taking the the NCLEX and LPN refresher course approved by the Connecticut Board of Examiners for Nursing. I have worked at Vantage Group Inc as a direct support professional with individuals with intellectual disabilities and autism for the past two years. I would like to stay in the field as an LPN and work in a smaller setting caring for individuals of all ages in a group home, enriching the lives of others and helping them reach their full potential. I hope to continue my education and obtain my RN license in the future.

When the initial hearings for my license suspension were occurring I was overcome by anxiety and depression and not able to appropriately cope with the realization of what was occurring. The work that I have done in my recovery along with my support system has better prepared me to focus on my goals. I take full responsibility for my actions

and realize the mistakes that I made that lead to the revocation of my LPN license and have paid for my mistake. I am fully prepared to practice and deliver safe and quality nursing care when my license is reinstated in the future and I look forward to returning to the work force as an LPN.

Thank you for you time,

Natalie Primini

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

Dana Gibson  
14 Stevens Street  
Windsor Locks, CT 06096

Via Email (racingdana@gmail.com)

**RE: Dana Gibson RN – License Reinstatement Request**

**NOTICE OF HEARING**

Pursuant to the General Statutes of Connecticut Section 19a-17, Subsection (d), you are hereby notified to appear before the Connecticut Board of Examiners for Nursing for a hearing to determine whether your licensed practical nurse license may be reinstated. The hearing will be held **January 20, 2021 at 9:00 a.m.**

The hearing will be held by video conference during the meeting of the Board of Examiners for Nursing. The link to connect to the hearing will be provided by email 3-5 days prior to the hearing.

At the aforementioned hearing you may be represented by legal counsel at your own expense or you may present evidence on your own behalf. You will have the burden of satisfying the Board of your ability to practice nursing with reasonable skill and safety. Evidence of the outcomes of your efforts toward recovery, which demonstrate maintenance of recovery over a lengthy period of time, especially in relationship to length of time of substance abuse, is to be presented to the Board. The Board will require you at that time, to present current evidence regarding:

- 1) Documentary or testimonial evidence from a licensed **therapist** documenting, your emotional health, and your ability to administer safe nursing care, including the administration of controlled substances.
- 2) **Personal references** stipulating, but not limited to, your, emotional health, and work habits.
- 3) Documentary or testimonial evidence from **current and past employers** (since revocation of your license) documenting your ability to responsibly and accurately carry out assigned duties and your potential for functioning safely and effectively as a nurse.
- 4) Documentation of participation in support groups and support of a sponsor, as well as the outcome of your participation in support groups if applicable

In addition, please be prepared to present, at the hearing, any additional information relevant to your current ability to administer safe nursing care.

In preparation for this hearing you must, no later than January 6, 2021, provide the information specified in the attached Notice for Submissions.

The Board may hold a fact-finding meeting immediately following the close of the record.

Dated at Hartford, Connecticut, this 3rd day of November 2020.

**FOR: Connecticut Board of Examiners for Nursing**

/s/ Jeffrey A. Kardys

Jeffrey A. Kardys, Administrative Hearings Specialist  
Department of Public Health  
410 Capitol Avenue, MS #13PHO  
PO Box 340308  
Hartford, CT 06134-0308  
Tel. (860) 509-7566 FAX (860) 707-1904  
jeffrey.kardys@ct.gov

c: Dana Dalton, Supervising Nurse Consultant  
Deborah M. Brown, Health Program Associate

## **Notice for Submissions**

The hearing in the matter of **Dana Gibson, RN** has been scheduled for **January 20, 2021** and will be conducted remotely through Microsoft Teams/teleconference.

On or before **January 6, 2021**, you must provide the following by electronic mail response to the hearing office at [phho.dph@ct.gov](mailto:phho.dph@ct.gov)

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

In preparation for the remote hearing, please make sure all of your devices are fully functioning and properly charged. All participants are required to have video and audio functions on when testifying or speaking.

Our office will contact you again 3 to 5 calendar days prior to the hearing to provide you with any further instructions and a Microsoft Teams link / phone number and code to enter the hearing.

Should you have any questions regarding the above, please contact the hearing office.

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



Renée D. Coleman-Mitchell, MPH  
Commissioner

Ned Lamont  
Governor  
Susan Bysiewicz  
Lt. Governor

### PUBLIC HEALTH HEARING OFFICE

August 12, 2019

Dana Gibson  
7 Williamson Road  
Stafford Springs, CT 06076

**Certified Mail RRR 91-7199-9991-7038-3996-1190  
and First Class Mail**

Matthew Antonetti, Principal Attorney  
Department of Public Health  
410 Capitol Avenue, MS #12LEG  
PO Box 340308  
Hartford, CT 06134-0308

**VIA EMAIL**

**RE: Dana Gibson, RN – Petition No. 2018-555**

Dear Ms. Gibson and Attorney Antonetti:

Enclosed please find the Memorandum of Decision issued by the **Board of Examiners for Nursing** in the above-referenced matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeffrey A. Kardys".

Jeffrey A. Kardys  
Administrative Hearings Specialist/Board Liaison  
Public Health Hearing Office

c: Christian Andresen, Section Chief, Practitioner Licensing and Investigations, DPH  
Deborah Brown, Health Program Assistant, Department of Public Health



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

Dana Gibson, R.N.  
License No. 062943

Petition No. 2018-555

**MEMORANDUM OF DECISION**

**I**

*Procedural Background*

On November 21, 2018, the Department of Public Health ("Department") filed a Statement of Charges ("Charges") with the Board of Examiners for Nursing ("Board"). ("Bd.") Exhibit ("Ex.") 1. The Charges allege violations of Chapter 378 of the General Statutes of Connecticut ("Conn. Gen. Stat.") by Dana Gibson ("Respondent"), which would subject Respondent's registered nurse ("R.N.") license to disciplinary action pursuant to Conn. Gen. Stat. §§ 20-99(b)(2) and 19a-17.

On December 20, 2018, the Department mailed the Charges and Notice of Hearing ("Notice") to Respondent by certified and first class mail to 7 Williams [sic]<sup>1</sup> Road, Stafford Springs, Connecticut, 06076, which is Respondent's current address. Bd. Ex. 2.

On that same date, the Charges and Notice were also sent to Respondent's electronic mail ("email") address at racingdana@gmail.com. Bd. Ex. 3.

The hearing was held on January 16, 2019. Respondent was present at the hearing and was not represented by an attorney. Principal Attorney Matthew Antonetti represented the Department. Transcript ("Tr.") p. 2.

At the hearing, Respondent reaffirmed that her undated correspondence, entitled "Formal Filing of an Answer for RN-Petition No. 2018-555" was her formal Answer to the Charges. Tr. pp. 4-5.

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

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

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<sup>1</sup> Respondent's correct address is 7 Williamson Road, Stafford Springs, Connecticut 06076.

## **II** *Allegations*

1. In paragraph 1 of the Charges, the Department alleges that Respondent of Stafford Springs, Connecticut<sup>2</sup>, is, and has been at all times, as referenced in the Charges, the holder of Connecticut R.N. license number 062943.
2. In paragraph 2 of the Charges, the Department alleges that during the course of approximately December 2017 through approximately March 2018, Respondent failed to conform to the accepted standards of the nursing profession and violated professional boundaries when she engaged in sexual contact with an inmate and/or deposited funds into said inmate's account while working as a registered nurse at Corrigan-Radgowski Correctional Facility in Uncasville, Connecticut.
3. In paragraph 3 of the Charges, the Department alleges that on or about August 21, 2018, Respondent pleaded guilty to Sexual Assault, 4<sup>th</sup> degree, in violation of Conn. Gen. Stat. Section 53a-73a (a) (2), as a result of Respondent's sexual contact with said inmate.
4. In paragraph 4 of the Charges, the Department alleges that the above described facts constitute grounds for disciplinary action pursuant to Conn. Gen. Stat. § 20-99(b) including, but not limited to, §§ 20-99(b) (2).

## **III** *Findings of Fact*

1. Respondent of Stafford Springs, Connecticut, is, and has been at all times, as referenced in the Charges, the holder of Connecticut R.N. license number 062943.
2. On March 31, 2017, Respondent was hired to work full time as a registered nurse at the Corrigan-Radgowski Correctional Facility in Uncasville, Connecticut ("facility"). Department ("Dept.") Ex. 1, pp. 6, 12.
3. As part of her training at the Department of Corrections ("DOC") Training Academy, Respondent received a copy of the DOC's Administrative Directive 2.17, which set forth its policy prohibiting engaging in undue familiarity with inmates. Dept. Ex. 1, pp. 3, 5.
4. On March 2, 2018, an inmate at the facility reported to DOC staff that he was having a sexual relationship with Respondent. Dept. Ex. 1, pp. 2-3, 12.

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<sup>2</sup> The Statement of Charges states Respondent's address as Uncasville, CT. By email dated December 12, 2018, Respondent notified the Department of her change in address from Uncasville, CT to Stafford Springs, CT. Bd. Ex. 2.



5. On March 6, 2018, the facility began its internal investigation of the inmate's report and verified his accounts regarding his sexual relationship with Respondent. Dept. Ex. 1, pp. 3, 12.
6. On March 9, 2018, two Connecticut State Police officers also interviewed the inmate. He informed them that he was in a romantic relationship with Respondent that began shortly after he was assigned to work in the medical unit where Respondent worked. Dept. Ex. 1, pp. 3, 5, 12, 14.
7. On March 9, 2018, the inmate stated that he and Respondent had about 20 "sexual encounters" which took place in the medical unit, exam room, or nurses' station. Dept. Ex. 1, pp. 3, 5, 14.
8. On three separate occasions, Respondent deposited a total of \$300 into the inmate's DOC account. Dept. Ex. 1, pp. 3, 5, 13-14.
9. Respondent sent the inmate letters, cards, and pictures of her house, car, and dogs, signed under fictitious names to conceal her identity. Dept. Ex. 1, pp. 3, 5, 14-15.
10. From December 4, 2017 to March 2, 2018, DOC records establish that the inmate attempted to call Respondent a total of 3,615 times and 337 of those calls were completed during which the inmate and Respondent conversed. Dept. Ex. 1, pp. 5-6.
11. On March 12, 2018, during an interview with the Connecticut State Police, Respondent confirmed that she began a relationship with this inmate in August or September 2017. Dept. Ex. 1, pp. 3, 5, 15.
12. On March 12, 2018, Respondent admitted that during their relationship, she and the inmate had engaged in kissing, touching, and brief oral sex, but not sexual intercourse. Dept. Ex. 1, pp. 3, 6, 15-16.
13. From approximately December 4, 2017 through March 2, 2018, Respondent failed to conform to the accepted standards of the nursing profession and violated professional boundaries when she engaged in sexual contact with an inmate and/or deposited funds into said inmate's account while working as a registered nurse at the Corrigan-Radgowski Correctional Facility in Uncasville, Connecticut. Dept. Ex. 1, pp. 1-6.
14. On August 21, 2018, Respondent pleaded guilty to Sexual Assault, 4<sup>th</sup> degree, in violation of Conn. Gen. Stat. 53a-73a (a) (2), as a result of Respondent's sexual contact with said inmate. Respondent was sentenced to one year, execution suspended and two years of probation. Dept. Ex. 1, pp. 6, 27-28.

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**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”) 1-14.

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

Respondent admitted the allegations contained in the Charges in both her formal Answer to the Charges and again under oath during the hearing by reaffirming her written formal Answer to the Charges. (Tr. pp. 4-5). The record establishes that on March 31, 2017, Respondent was hired to work full time as a registered nurse at the Corrigan-Radgowski Correctional Facility in Uncasville, Connecticut (FF 2) and, as part of her training at the DOC Training Academy, Respondent received a copy of the DOC’s Administrative Directive 2.17, which sets forth its policy prohibiting engaging in undue familiarity with inmates. FF 3. There is no dispute that Respondent was familiar with the facility’s policy prohibiting inappropriate conduct with an inmate. Dept. Ex.1, p. 13.

The record further establishes that on March 2, 2018 and on March 6, 2018, an inmate at the facility reported to DOC staff, and again on March 9, 2018 to the Connecticut State Police, that he was having a sexual relationship with Respondent which began shortly after he was assigned to work in the medical unit where Respondent worked. FF 4, 5, 6. On March 9, 2018, the inmate stated that he and Respondent had about 20 “sexual encounters” which took place in the medical unit, exam room, or nurses’ station. FF 7.

In a more detailed account of their relationship, the investigation confirmed the inmate's report that on three separate occasions, Respondent deposited a total of \$300 into the inmate's DOC account (FF 8) and that Respondent sent the inmate letters, cards, and pictures of her house, car, and dogs, signed under fictitious names to conceal her identity. FF 9. From December 4, 2017 to March 2, 2018, DOC records establish that the inmate attempted to call Respondent a total of 3,615 times and 337 of those calls were completed during which the inmate and Respondent conversed. FF 10.

On March 12, 2018, during an interview with the Connecticut State Police, Respondent confirmed that she began a relationship with this inmate in August or September 2017 (FF 11) and that on the same day, Respondent admitted that during their relationship she and the inmate had engaged in kissing, touching, and brief oral sex, but not sexual intercourse. FF 12. In an earlier interview with the Connecticut State Police, Respondent also admitted that "she was guilty and she was wrong for what she did." Dept. Ex. 1, p. 13. Thus, the record establishes that from approximately December 4, 2017 through March 2, 2018, Respondent failed to conform to the accepted standards of the nursing profession and violated professional boundaries when she engaged in sexual contact with the inmate and/or deposited funds into the inmate's account while working as a registered nurse at the facility. FF 13. On March 6, 2018, Respondent resigned from her position. Dept. Ex. 1, pp. 2, 4.

Throughout the police investigation of this case, the inmate was considered to be the victim and was referred to as "victim #1." Dept. Ex. 1, pp. 2-5, 11-15.

On May 8, 2018, an arrest warrant was issued charging Respondent with Sexual Assault 2<sup>nd</sup> degree. Dept. Ex. 1, pp. 6, 9-16.

On August 21, 2018, Respondent pleaded guilty to Sexual Assault, 4<sup>th</sup> degree, in violation of Conn. Gen. Stat. 53a-73a (a) (2), as a result of Respondent's sexual contact with said inmate. Respondent was sentenced to one year, execution suspended and two years of probation. Dept. Ex. 1, pp. 6, 27.

In Respondent's letter to a Department investigator dated August 28, 2018, Respondent admitted her misconduct with the prison inmate. Dept. Ex. 1, p. 28. At the hearing, she also took responsibility for her inappropriate conduct and expressed regret for her lack of judgment. Tr. pp. 9, 13.

The Board concludes that Respondent's admitted failure to conform to the accepted standards of the nursing profession when she engaged in illegal conduct constitutes grounds for disciplinary action pursuant to Conn. Gen. Stat. § 20-99(b)(2) and § 19a-17.

**V**  
**Order**

Based on the record in this case, the above findings of fact and conclusions of law, the Board hereby orders that Dana Gibson's license number 062943 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, Dana Gibson, and the Department of this Decision.

Dated at Hartford, Connecticut this 19 day of June 2019.

BOARD OF EXAMINERS FOR NURSING

By Mary M Brown RN

Mary M. Brown, RN  
Board Member

**CERTIFICATION**

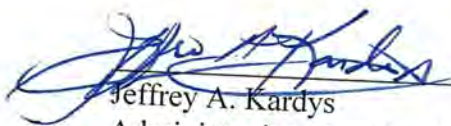
I hereby certify that, pursuant to Connecticut General Statutes § 4-180(c), a copy of the foregoing Memorandum of Decision was sent this 12<sup>th</sup> day of AUGUST 2019, by certified mail, return receipt requested to:

Dana Gibson  
7 Williamson Road  
Stafford Springs, CT 06076

**Certified Mail RRR 91-7199-9991-7038-3996-1190**

and via email to:

Matthew Antonetti, Principal Attorney  
Office of Legal Compliance  
Department of Public Health  
410 Capitol Avenue, MS #12LEG  
Hartford, CT 06134-0308

  
Jeffrey A. Kardys  
Administrative Hearings Specialist  
Department of Public Health  
Public Health Hearing Office

# Petitioner Exhibits

August 2th, 2020

Department of Public Health - Petition No. 2018-555  
Dana Gibson RN License #062943 - Issued 1-24-2000

The purpose of this letter is to apply for a RN Hearing with the Board of Nursing to bring my license to good standing. It has been over 2 years since I have been able to practice and have completed my legal obligations, continued treatment with a psychiatrist, and have successfully worked as a professional in the medical setting.

Attached is a letter of reference from SNI Staffing reflecting work, as a medical receptionist, in a professional capacity. Also I have submitted a medical release to my Psychiatrist, Dr. Gengyun Wen, Mansfield Mental Health Clinic, of which I have been under his care since June, 2018 and remain a regular patient.

Due to financial hardship, I have sold my home in Stafford Springs and will be living with family. The new address is 14 Stevens St. Windsor Locks, CT 06096 (sisters house) and will be visiting my mother in Florida at 5635 Broad Acres St. Merritt Island, FL 32953.

It is my hope that the Board of Nursing can consider reinstatement and allow me to bring my license to good standing. It is my hope to work toward rebuilding my life and get back to caring for others. My knowledge of nursing did not go away nor my skills and desire to help others in need. Over the past two years I realize that being a nurse is a great big part of me. I have the ability to recognize low blood sugar or blood pressure, at a glance. From across the room I can tell if you have end-stage liver disease, if you are a COPD'er. Being a nurse, remains to be who I am and I have learned from my unprofessionalism. Please consider a hearing for me to work toward reinstatement and reciprocation to Florida.

Thank you in advance,  
Dana Gibson  
860-849-5630  
Racingdana@gmail.com

Rehab Nurse, Nursing Supervisor, and Director of Admissions

124 Bed SNF specializing in short-term rehabilitation. 3-11p Nursing Supervisor for nursing staff, ensuring compliance to policies and procedures. Nurse liaison/Director of Admissions performing off-site clinical assessments for potential admissions to both short and long-term residents, 2013-2014. Rehab Charge nurse with duties such as IV therapy, wound vacs, trach care, and TPN.

**Brittany Farms / Aurora Senior Living of New Britain** November, 2010-2012

Assistant Director of Nursing

274 bed SNF specializing in Dementia and Rehabilitation. Responsible for monitoring nursing staff compliance and standard of care practices. Duties include interviewing, disciplinary action & education to nursing staff, plan of correction audits, weekly and monthly audits, quarterly corporate compliance, and Medicare nurse for short term unit.

**Westside Care Center iCare** January, 2009 - November, 2012

Nursing Supervisor - duties include but are not limited to direct supervision of nursing staff, care plan meetings, staff development, wound care, intravenous therapy, safety meetings, corporate compliance, and plan of corrections. Temporary coverage of Assistant Director of Nursing.

**Mapleview Manor National Health Care** January, 2008 - January, 2009

Director of Nursing - 120 Bed Dementia & Sub-Acute care. Responsible for monitoring compliance in accordance with the public health code, maintain standards of care, development and implementation of policies and procedures. Developed the plan of correction.

**Vernon Manor** October, 2006 - January, 2008

Assistant Director of Nursing / Acting Director of Nursing - responsible for monitoring nursing department compliance, development and implementation of paperless eMAR with Pharmamerica, marketing, and medicare reviews.

**Bidwell Care Center iCare** December 2002 - October 2006

Nursing Supervisor - Supervision of nursing line staff in a 150 bed SNF specializing in psychiatric residents and long term care patients. Assessment of acutely ill with direct communication with the Medical Doctors. IV therapy, wound care, and behavioral management.

**Hughes Health & Rehab** June, 1999 - 2002

Charge Nurse - 30 Bed long-term care bed unit, responsible for medication administration, performing wound care, notification to medical doctor and responsible parties.

DPH Hearing for RN license reinstatement

**Dana Gibson witness statement for DPH review**

Written and typed December 30th, 2020 for January 20th, 2021 hearing

Petition# 2018-555

RN #062943

14 Stevens St.  
Windsor Locks, CT 06096

5635 Broad Acres St.  
Merritt Island, FL 32953

Since 1999 a Registered Nurse of 20 years, mostly long-term care, went to work in the prison system for state retirement in 2016.

**What led to revocation: Unprofessional conduct with co-worker inmate**

Spoke to him on the phone, gave him money, and unprofessionally hugged and kissed him. Misdemeanor conviction while working as a RN.

Timeline:

Relationship with inmate - Fall, 2017

Arrested - May, 2018

RN license surrender - June, 2018

Psychiatric care - June, 2018 - present (Harm ruled out - see attachment statement from Psychiatrist MD)

Convicted - August, 2018 (*Completed sentence of 2 years probation August, 2020*)

RN license revoked/revocation - January, 2019/June, 2019

Oct. 2020 Hearing with DPH granting consideration of RN reinstatement

Work experience during revocation November, 2018 to present as medical receptionist

With SNI Staffing. Worked Endocrinology at Baystate Hospital. (See attachment letter)

Safe professional work experience in hospital setting for 2 years.

{Oct. 2020 *Temporary move to Florida to care for mother*}

Over the 2 ½ years to continue my nursing education:

CPR recertification June, 2018 - June, 2020

CPR certification November, 2020 with American Heart, expires 11/22

Purpose of this witness statement: To apply for RN Reinstatement, after 2 ½ years from surrender and continued successful work experience in healthcare. To return to nursing practice.

Practicing goals: Obtain Florida licensure. Return to practice as a clinical liaison.

(5) Attachments to support:

Letter from Dr. Wen, SNI Staffing letter, Wesley Powell, RN, Administrator co-worker character letter, CPR, and Resume.



# BASIC LIFE SUPPORT

**BLS  
Provider**



**American  
Heart  
Association.**

**has successfully completed the cognitive and skills evaluations  
in accordance with the curriculum of the American Heart Association  
Basic Life Support (CPR and AED) Program.**

**Issue Date**

**Renew By**

**Training Center Name**

**Instructor Name**

**Training Center ID**

**Instructor ID**

**Training Center City, State**

**eCard Code**

**Training Center Phone  
Number**

**QR Code**



To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to [www.heart.org/cpr/mycards](http://www.heart.org/cpr/mycards).

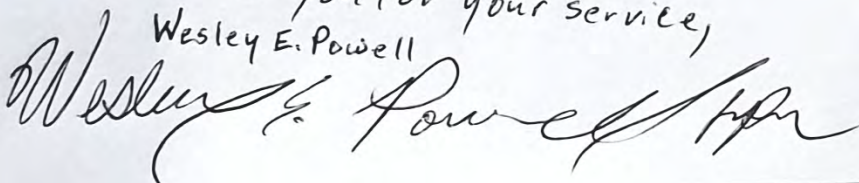
© 2020 American Heart Association. All rights reserved. 15-3001 R3/20

12/20/2020

To whom it may concern,

I am writing this letter in regards to my professional experience while working with Dana Lupoli. Dana was my supervisor while working in multiple locations in the state of Connecticut, late 90's early 2000's. I've kept in touch ever since. Dana has always been a great person to reach out to with medical questions, procedures, protocols, etc. no matter how silly they may sound. I always felt confident that our staff would have a good shift when Dana was working with us. I feel based on my experience working along side Dana, that she would be an extremely valuable asset to any medical team. Dana's compassion, communication abilities, combined with her professional skills make her an excellent leader and reliable resource.

Thank you for your service,  
Wesley E. Powell





To whom it may concern,

I highly recommend Dana Gibson as a candidate for employment. SNI Companies employed Dana as a Medical Office professional for over 2 years. Within that time frame she has proven to be an excellent employee by having great overall communication, excellent work ethic, well organized, reliable, great attention to detail, excellent attendance and very flexible with her schedule. We have always received overall positive feedback from the company where she worked at and they have expressed that they are sad to see her go but understand her situation. Dana would be an excellent asset for your company and has my highest recommendation. If you have any further questions, please free to call me at 413-887-6400 or email me at [ccanepa@snicompanies.com](mailto:ccanepa@snicompanies.com)

Sincerely,

Candida Canepa

Managing Director, SNI Companies Holyoke MA