

STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES
BUREAU OF HEALTH SYSTEM REGULATIONS
DIVISION OF MEDICAL QUALITY ASSURANCE

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MARIA re: 1980

Petition No. 870902-10-045

DIVISION OF MEDICAL QUALITY ASSURANCE
DEPT. OF HEALTH SERVICES

CONSENT ORDER

WHEREAS, ~~Melissa Mason~~ of Brigeport, Connecticut has been issued license number ~~84769~~ to practice as a registered nurse by the Department of Health Services pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and

WHEREAS, Melissa Mason hereby admits and acknowledges that:

1. During July, 1987, while employed as a nurse at Yale New Haven Hospital in New Haven, Connecticut she diverted to herself the controlled substance Percocet.
2. During July 1987, while employed as a nurse at Yale New Haven Hospital in New Haven, Connecticut she abused or utilized to excess said Percocet.
3. During July, 1987, while employed as a nurse at Yale New Haven Hospital in New Haven, Connecticut she failed to make accurate, complete or proper documentations in medical or hospital records.
4. She is licensed as a nurse only in Connecticut and does not have licensure pending in any other state.
5. The conduct described in 1., 2. and 3. above fails to conform to the accepted standards of the nursing profession in violation of §20-99(b) of the General Statutes of Connecticut.

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

1. That she waives the right to a hearing on the merits of this matter.
2. That her license number E49769 to practice as a registered nurse in the State of Connecticut is ~~suspended for thirty days with~~ ~~concurrent probation~~ and probation following the suspension for ~~two years~~. She shall surrender her license to the address listed in paragraph 7. below.
3. That she shall not use any drug that has not been prescribed for a legitimate purpose by a licensed health care practitioner.
4. That her probation is subject to the following conditions:
 - A.
 1. She shall provide a copy of this Consent Order to her therapist.
 2. She shall engage in counseling with a licensed or certified therapist at her own expense.
 3. She shall be responsible for bi-monthly reports from her therapist for the entire two years and thirty days of probation; said reports are due on the first business day of every second month.
 4. She shall be responsible for providing random urine or blood screens for drugs at the discretion of her therapist. There must be at least one such drug screen bi-monthly for the period of probation. Said reports shall be negative for drugs.
 5. Said reports cited in 4.A.3. and 4.A.4. above shall include documentation of dates of treatment, an evaluation of her progress and drug free status, and copies of laboratory reports.

- B.
1. She shall provide a copy of this Consent Order to her employer.
 2. She shall not accept employment as a nurse for a personnel provider for the period of her probation.
 3. She shall not work as a nurse during the period of her suspension.
 4. She shall be responsible for bi-monthly reports from her nursing supervisor for the period of probation following her suspension; said reports are due on the first business day of every second month.
 5. Said reports cited in 4.B.4. above shall include documentation of her ability to safely and competently practice nursing.
5. That the Connecticut Board of Examiners for Nursing must be informed when she has obtained nursing employment and prior to any change of employment.
 6. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of address.
 7. That all correspondence and reports are to be addressed to:

Office of the Board of Examiners for Nursing
Department of Health Services
150 Washington Street
Hartford, CT 06106
 8. That any deviation from the term(s) of probation shall constitute a violation of probation. A violation of any term(s) of probation specified in paragraphs 3., 4., 5., or 6. above shall result in the right of the Connecticut Board of Examiners for Nursing to immediately revoke her registered nurse license. Any extension of

time or grace period for reporting granted by the Connecticut Board of Examiners for Nursing shall not be a waiver or preclude the Board's right to revoke at a later time. The Connecticut Board of Examiners for Nursing shall not be required to grant future extensions of time or grace periods. Notice of revocation shall be sent to her address of record (most current address reported to the Licensure and Renewal Section of the Division of Medical Quality Assurance of the Department of Health Services or the Connecticut Board of Examiners for Nursing).

9. That this Consent Order is effective the first day of the month immediately following the date said Consent Order is ordered and accepted by the Connecticut Board of Examiners for Nursing.
10. That she understands this Consent Order is a matter of public record.
11. That she understands that this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Connecticut Board of Examiners for Nursing (1) in which her compliance with this same order is at issue, or (2) in which her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.
12. That 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. Further, that said order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive her of any rights that she may have under the laws of the State of Connecticut or of the United States.

- 13. That she permits the Public Health Hearing Office of the Division of Medical Quality Assurance, Department of Health Services or a representative thereof to present this Consent Order and the prehearing review documents to the Connecticut Board of Examiners for Nursing. She understands that the Connecticut Board of Examiners for Nursing has complete and final discretion as to whether an executed Consent Order is approved or granted.
- 14. That she understands that she has the right to consult with an attorney prior to signing this document.

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

Melissa Mason
Melissa Mason

Subscribed and sworn to before me this 27 day of February 1988.

William J. Britt Commissioner of Superior Court
Notary Public or person authorized by law to administer an oath or affirmation
William J. Britt

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 1st day of March 1988, it is hereby accepted.

Stanley K. Peck
Stanley K. Peck, Director
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 16th day of March 1988, it is hereby ordered and accepted.

CONNECTICUT BOARD OF EXAMINERS FOR NURSING

By: Bette Jane M. Murphy, R.N.
Bette Jane M. Murphy, R.N., Chairperson
Connecticut Board of Examiners for Nursing

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