

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. \_\_\_\_\_

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

In re: Cheryl Peluse, R.N.

Petition No. 920825-10-045

CONSENT ORDER

WHEREAS, Cheryl Peluse, R.N. of West Haven, Connecticut, hereinafter the respondent, has been issued license number ~~E50264~~ 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, the Respondent hereby admits and acknowledges that:

1. During the period of March 1991 to May 1991 the respondent worked as a registered nurse for New Haven Hospital.
2. At various times during such period she diverted Demerol and Percocet from hospital stock by falsifying controlled substance records.
3. The conduct described above fails to conform to the accepted standard 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 General Statutes of Connecticut, the Respondent hereby stipulates and agrees to the following:

1. She waives the right to a hearing on the merits of this matter.
2. Her license No. ~~E50264~~ to practice as a registered nurse in the State of Connecticut is on probation for a period of three (3) years, commencing upon the effective date of this Consent Order.

3. Her probation is subject to the following conditions:

- A. 1.) She shall not obtain for personal use and/or use alcohol or any drug that has not been prescribed for her for a legitimate medical purpose by a licensed health care practitioner.
- 2.) She shall provide a copy of this Consent Order to her therapist.
- 3.) She shall engage in counseling with a licensed or certified therapist at her own expense.
- 4.) She shall be responsible for the provision of bi-monthly reports from her therapist during the first two (2) years of her probation and quarterly reports for the third year of her probation bi-monthly reports are due on the 1st business day of every other month commencing with the report due May 1, 1993. Quarterly reports are due on the 1st business day of January, April, July, and October. Quarterly reports shall commence with the report due May 1, 1995.
- 5.) She shall participate in naltrexone therapy during the period of her probation. Such therapy may be discontinued on the recommendation of her therapist with notification by said therapist to the Department of Health Services.
- 6.) She shall be responsible for providing random urine and/or blood screens for drugs and alcohol, including

but not limited to, Demerol, Percocet and for therapeutic levels of Naltrexone, at the discretion of her therapist. However, reports from her therapist verifying observed Naltrexone administration may be substituted for Naltrexone screens. In the event that Naltrexone therapy is discontinued pursuant to paragraph 3.A.5. above, then screens for Naltrexone will no longer be required. There must be at least one such drug/alcohol screen bi-monthly during the first two years of her probation and quarterly for the third year of her probation. Said reports shall be negative for drugs and alcohol. Said screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening. She shall be responsible for notifying the laboratory and her therapist of any drug(s) she is taking.

- 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, visiting nurse association or home health agency for the period of her probation.
- 3.) She shall be responsible for the provision of bi-monthly reports from her nursing supervisor (i.e. Director of Nursing) during the first two years of her probation and quarterly thereafter. Bi-monthly reports are due on the 1st business day of every other month, commencing with the report due \_\_\_\_\_.

Quarterly reports are due on the 1st business day of January, April, July, and October. Quarterly reports shall commence with the report due May 1, 1995.

- 4.) Said reports cited in 3.B.3 above shall include documentation of her ability to practice nursing safely and competently.
- C. 1.) She shall attend the meetings of a 12 step organization such as Alcoholics Anonymous, Narcotics Anonymous or Nurses for Nurses, or other group for recovering professionals. Such participation shall be documented in her therapist's reports.
- D. 1.) Said reports cited in Paragraphs 3.A.4. and 3.B.3. above shall include documentation of dates of treatment, her participation in a 12 Step program referenced in paragraph 3.C.1. above, an evaluation of her progress and drug and alcohol free status, and copies of all laboratory reports.
4. The Connecticut Board of Examiners for Nursing must be informed prior to any change of employment.
5. The Connecticut Board of Examiners for Nursing must be informed prior to any change of address.
6. 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

7. Any deviation from the term(s) of probation without prior written approval by the Connecticut Board of Examiners for Nursing shall constitute a violation of probation. A violation of any term(s) of probation specified in paragraphs 3., 4., or 5. above shall result in the right of the Connecticut Board of Examiners for Nursing to immediately revoke or take other disciplinary action as cited in Connecticut General Statutes §19a-17 against her nursing license. Any extension of time or grace period for reporting granted by the Connecticut Board of Examiners for Nursing shall not constitute a waiver or preclude the Board's right to take action 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 or other disciplinary action 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). Her license may be suspended from the date the notification of the alleged violation of probation is mailed until the decision of the Connecticut Board of Examiners for Nursing on the violation of probation is issued.
8. 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.
9. She understands this Consent Order is a matter of public record.
10. She understands 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.

11. 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 and 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive her of any other rights that she may have under the laws of the State of Connecticut or of the United States.
12. She permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance, Department of Health Services to present this Consent Order and the basis for said Consent Order 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.
13. She understands she has the right to consult with an attorney prior to signing this document.

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I, Cheryl Peluse, 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.

Cheryl Peluse PN  
Cheryl Peluse

Subscribed and sworn to before me this 17<sup>th</sup> day of March 1993

mona Lee Sockett  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

My Comm. Expires March 31, 1995

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the ~~27<sup>th</sup>~~ day of ~~March~~ 1993, it is hereby accepted.

Stanley K. Beck  
Stanley K. Beck, 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 27 day of March 1993, it is hereby ordered and accepted.

BY: Jeanice Thibodeau  
Connecticut Board of Examiners for Nursing

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