

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: Anne Mary Klimaszewski

Petition No. 871002-10-047

CONSENT ORDER

WHEREAS, Anne Mary Klimaszewski of Cheshire, Connecticut has been issued license number 020166 to practice as a licensed practical nurse and license number E50444 to practice as a registered nurse by the Department of Health Services pursuant to Chapter 37E of the General Statutes of Connecticut, as amended; and

WHEREAS, Anne Mary Klimaszewski hereby admits and acknowledges that:

1. During April of 1987 while employed as a nurse at the Hospital of St. Raphael in New Haven, Connecticut she diverted to herself the controlled substances demerol and percocet.
2. During April of 1987, she abused said drugs.
3. During April of 1987, she falsified hospital or medical records.
4. She is licensed as both a registered and licensed practical nurse in Connecticut, does not have any nursing licensure pending in any other state and does not hold a nursing license 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 General Statutes of Connecticut, Anne Mary Klimaszewski 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 numbers 020166 and E50444 to practice as licensed practical nurse and a registered nurse in the State of Connecticut are on probation for eighteen months.
3. 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 the provision of bi-monthly reports from her therapist for the first six months of probation; said reports are due on the first business day after every second month.
  - 4.) She shall be responsible for provision of quarterly reports from her therapist for the remaining one year of probation; said reports are due on the first business day after every third month.
  - 5.) She shall be responsible for providing random urine and/or blood screens for drugs and alcohol at the discretion of her therapist. She shall be responsible to notify the laboratory and her therapist of any drug(s) she is taking. There must be at least one such drug and alcohol screen bi-monthly for the first six months of probation and one such drug and alcohol screen quarterly for the remaining one year of probation. Said reports shall be negative for drugs and alcohol.

- 6) Said reports cited in 3.A.3., 3.A.4. and 3.A.5. above shall include documentation of dates of treatment, an evaluation of her progress and drug and alcohol free status, and copies of all laboratory reports. Said reports shall be issued to the Board at the address cited in paragraph 7. below.
- 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 be responsible for the provision of bi-monthly reports from her nursing supervisor (i.e. Director of Nursing) due on the first business day after every second month for the first six months of her employment during the period of her probation.
  - 4.) She shall be responsible for the provision of quarterly reports from her nursing supervisor due on the first business day after every third month, for the remainder of her employment during the period of her probation.
  - 5.) Said reports cited in 3.B.3 and 3.B.4 above shall include documentation of her ability to safely and competently practice nursing. Said reports shall be issued to the Board at the address cited in paragraph 7. below.

4. That she shall not obtain/and/or <sup>for her own use</sup> use alcohol or any drug that has not been prescribed for her for a legitimate purpose by a licensed health care practitioner.
5. That the Connecticut Board of Examiners for Nursing must be informed 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 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 be 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 a violation of probation 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). That

her license shall be suspended from the date the notification of the alleged violation of probation is mailed until the decision by the Connecticut Board of Examiners for Nursing on the violation of probation.

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 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 and 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 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.
14. That she understands she has the right to consult with an attorney prior to signing this document.

I, Anne Mary Klimaszewski, 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.

Anne Mary Klimaszewski  
Anne Mary Klimaszewski

Subscribed and sworn to before me this 9<sup>th</sup> day of June 1988.

Eleanor L. Stonaker  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. OCT 19, 1990  
BONDED THRU GENERAL INS. LTD.

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 17<sup>th</sup> day of June 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 21<sup>st</sup> day of June 1988, it is hereby ordered and accepted.

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

MCP:dm  
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STATE OF CONNECTICUT  
DEPARTMENT OF HEALTH SERVICES

Rec'd  
1-25-90  
JB

17 January 1990

Anne Klimaszewski  
84 Fairview Drive  
Cheshire, CT 06410

RE: Connecticut RN License No. E50444

Dear Ms. Klimaszewski:

Your eligibility for reinstatement from probation of your registered nurse license has been reviewed, and the Board of Examiners for Nursing recommend that your license be reinstated effective January 1, 1990.

Your original license number already has been reassigned to you, and issued following routine processing by the Department of Health Services.

Renewal of your registered nurse license is required, by law, annually during the month of your birth following the date of this letter. If the license is not renewed within ninety (90) days of the due date, it will become automatically void. This means that future reinstatement will require re-application.

State law requires you to notify this office within thirty (30) days of ANY change of address whether in or out of this state. Should you have any questions concerning this process contact this Department at 566-4979.

Sincerely,

Handwritten signature of Marie T. Hilliard in cursive.

Marie T. Hilliard, Ph.D., R.N.  
Executive Officer  
Board of Examiners for Nursing

RE  
3/8/94  
JB

MTH:jew  
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cc: Richard Lynch, Assistant Attorney General  
David J. Pavis, Chief, Public Health Hearing Office  
John N. Boccaccio, Chief, Licensure & Registration  
Theresa Wasicki, Senior Clerk, Board of Examiners for Nursing

203-566-1041

Phone:  
150 Washington Street — Hartford, Connecticut 06106  
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