

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: Michelle Klokus, R.N.

Petition No. 900904-10-048

CONSENT ORDER

WHEREAS, Michelle Klokus of Weston, Connecticut has been issued license number E50513 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, Michelle Klokus hereby admits and acknowledges that:

1. During 1990, while working as a registered nurse at the North Fairfield Geriatric Center in Fairfield and Fairfield Manor Health Care Center in Norwalk, she diverted to herself the controlled substances Percocet, Ativan and Darvocet from the hospital stock.
2. She is licensed as a registered nurse only in Connecticut and does not have licensure pending in any other state.
3. The conduct described above fails to conform to the accepted standards of the nursing profession and renders Michelle Klokus subject to disciplinary proceedings pursuant to §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, Michelle Klokus 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 E50513 to practice as a registered nurse in the State of Connecticut shall be on probation for three years.

3. That her probation is subject to the following conditions:

- A. 1.) She shall engage in counseling with a licensed or certified therapist at her own expense.
- 2.) She shall provide a copy of this Consent Order to her therapist.
- 3.) She shall be responsible for the submission of bi-monthly reports from her therapist for the first year of her probationary period and quarterly reports for the second and third years;
- i. The first year bimonthly reports are due on the first business day of January, March, May, July, September and November. Bimonthly reports shall commence with the report due May 1, 1992.
- ii. The second and third year quarterly reports are due on the first business day of January, April, July and October. Quarterly reports shall commence with the report due ^{July}~~May~~ 1, 1999 ✓.
- 4.) She shall be responsible for providing random urine screens for drugs and alcohol at the discretion of her therapist. Said screens shall be legally defensible in that the specimen donor and chain of custody must be identified throughout the screening. All positive results shall be confirmed by a second independent testing method. She shall be responsible for notifying 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 during the first year of the probationary period and one every three months during the remainder of the probationary period. Said reports shall be negative for drugs and alcohol and shall be filed as scheduled in 3.A.3. above.

5.) The reports cited in 3.A.3. and 3.A.4. 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 8. below.

- B. 1.) She shall provide a copy of this Consent Order to her employer if she is currently employed in nursing or if she subsequently obtains employment in nursing during her probationary period.
- 2.) She shall not accept employment as a nurse for a personnel provider, visiting nurse agency, or home health care 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) due on the first business day after every second month while she is employed as a nurse during the first year of her probationary period and quarterly reports due on the first business day

after every third month during the remainder of her probationary period.

- 4.) Said reports cited in 3.B.3 above shall include documentation of her ability to safely and competently practice nursing and shall be filed as scheduled in 3.A.3. Said reports shall be issued to the Board at the address cited in paragraph 8. below.
5. That she shall not obtain for personal use, nor use, alcohol or any drug that has not been prescribed for her for a legitimate purpose by a licensed health care practitioner.
6. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of employment.
7. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of address.
8. 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
9. That 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 and 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 additional 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).

10. 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.
11. That she understands this Consent Order is a matter of public record.
12. 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.
13. 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.

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

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I, Michelle Klokus, 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.

Michelle Klokus
Michelle Klokus

Subscribed and sworn to before me this 18th day of March, 1992

[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 Health Services on the 23^d day of March 1992 it is hereby accepted.

[Signature]
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 25th day of March 1992, it is hereby ordered and accepted.

BY: Janice A. Thibodeau, R.N.
~~Bette Jane M. Murphy, R.N., Chairperson~~
Connecticut Board of Examiners for Nursing
Janice A. Thibodeau

JDT 6/27/95



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION

June 20, 1995

Michelle Klokus
9 Whippoorwill Lane
Weston CT 06883

RE: Connecticut RN License No. E50513

Dear Ms. Klokus:

The probationary status of your registered practical nurse license has concluded. The probation requirements of your license have been removed effective June 15, 1995.

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. This is a process of having your credentials re-evaluated.

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 203-566-4979.

Sincerely,

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

MTH:jew
4290/46

- cc: Richard J. Lynch, Assistant Attorney General
- Donna Buntaine Brewer, Chief, Public Health Hearing Office
- Debra Tomassone, Chief, Licensure & Registration
- Joseph J. Gillen, Chief, Applications, Examinations and Licensure
- Nurse Licensure, Applications, Examinations and Licensure