

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. 1639003000

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

In re: Annette M. Kaufman, R.N.

Petition No. 910403-10-015

CONSENT ORDER

WHEREAS, Annette M. Kaufman of Wallingford, Connecticut has been issued license number E50573 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, Annette M. Kaufman hereby admits and acknowledges that:

1. During March, 1991 while working as a nurse at Meriden Memorial Hospital in Meriden, Connecticut she:
 - (a) diverted to herself the controlled substances Meperidine and Morphine;
 - (b) abused or excessively used Meperidine and Morphine; and
 - (c) falsified one or more Controlled Substance Receipt Record.
2. She is licensed as a nurse only in Connecticut and does not have licensure pending in any other state.
3. The conduct described in 1. 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, Annette M. Kaufman 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 E50573 to practice as a registered nurse in the State of Connecticut is on probation for two (2) 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 provision of bi-monthly reports from her therapist during her probationary period. Bi-monthly reports are due on the first business day of January, March, May, June, September and November. Bi-monthly reports shall commence with the report due 1-1-92.
 - 4.) She shall be responsible for providing random urine and/or blood 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 can be identified throughout the screening. 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 for the period of probation. Said reports shall be negative for drugs and alcohol.

5.) Said 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 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, 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 due on the first business day of January, March, May, July, September and November for the period of her probation. Bi-monthly reports shall commence with the report due 1-1-92.
 - 4.) Said reports cited in 3.B.3 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 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.
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 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., 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 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). That her license shall 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.
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.

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I, Annette M. Kaufman, 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.

Annette M. Kaufman
Annette M. Kaufman

Subscribed and sworn to before me this 8 day of Oct. 1991.

[Signature] My Commission Expires [blank]
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 15 day of October 1991, 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 22nd day of October 1991, it is hereby ordered and accepted.

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