

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH**

In re: Susan Williams, R.N.

Petition No. 2005-0707-010-054

STATEMENT OF CHARGES

Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Susan Williams:

COUNT ONE

1. Susan Williams of Blairstown, New Jersey (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut registered nursing license number E52396.
2. In or about June 2005, respondent abused or utilized to excess morphine and/or alcohol.
3. Respondent's abuse of morphine and/or alcohol does, and/or may, affect her practice as a registered nurse.
4. The above facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99(b)(5).

COUNT TWO

5. Paragraphs 1-2 are incorporated herein by reference as if set forth in full.
6. On February 18, 2004, the Connecticut Board of Examiners for Nursing (hereinafter "the Board") issued a Memorandum of Decision in Petition Number 2002-0328-010-029 (hereinafter "the Decision") that placed respondent's registered nursing license on probation for a period of four years. Such disciplinary action was based upon proof of respondent's diversions of Methadone and/or Librium, and/or falsification of controlled substance records.
7. Said Order specifically provided that all of respondent's urine screen results shall be negative for the presence of alcohol and drugs.
8. On about June 9, 2005 respondent's urine screen result was positive for morphine.

9. On about June 30, 2005 respondent's urine screen result was positive for alcohol.

Respondent's conduct as described above constitutes violations of the terms of probation as set forth in the Decision, and subjects respondent's license to revocation or other disciplinary action authorized by the General Statutes of Connecticut, §§19a-17 and 20-99(b).

THEREFORE, the Department prays that:

The Connecticut Board of Examiners for Nursing, as authorized by the General Statutes of Connecticut, §§20-99(b) and 19a-17, revoke or order other disciplinary action against the license of Susan Williams as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 11th day of August 2005.



Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

Re: Susan Williams, R.N.
License No.: E52396

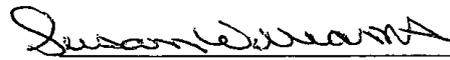
Petition No. 2005-0707-010-054

VOLUNTARY SURRENDER

Susan Williams, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice registered nursing. I presently hold license number E52396.
4. I hereby voluntarily surrender my license to practice registered nursing in the State of Connecticut.
5. I will not seek a new license or seek to reinstate my license at any time in the future.
6. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 2005-0707-010-054 shall be deemed true. I further understand that any such application must be made to the Connecticut State Board of Examiners for Nursing (hereinafter "the Board") and the Department, and that the Board shall be a signatory to any order reinstating my license or granting me a new license.
7. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
8. I understand and agree that this affidavit and the case file in Petition Number 2005-0707-010-054 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
9. I understand that this surrender of my license is a reportable event and is public information.

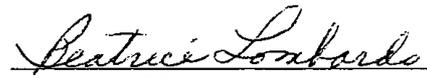
10. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition No. 2005-0707-010-054. I understand that this document is not effective unless and until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed.
11. I understand that I have the right to consult with an attorney prior to signing this affidavit.
12. I understand that the execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.



Susan Williams

Subscribed and sworn to before me this 19th day of OCT 2005.

BEATRICE LOMBARDO
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES NOV. 23, 2008



Notary Public
Commissioner of Superior Court

Accepted:



Jennifer Filippone, Section Chief
Practitioner Licensing and Investigations
Healthcare Systems Branch

10-27-05
Date