

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

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

IN RE: Dona M. Cirillo, R.N.
12 Pioneer Drive
Windsor, CT 06095

Petition No. 930405-10-024

CONSENT ORDER

WHEREAS, Dona M. Cirillo (hereinafter "respondent") of Windsor, Connecticut has been issued license number E53112 to practice as a registered nurse by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits and acknowledges that:

1. Between approximately March of 1992 and March of 1993, while working as a nurse at Hartford Hospital in Hartford, Connecticut, she made errors in the administration of medications.
2. The conduct described in paragraph 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.
3. Respondent is licensed as a nurse only in Connecticut and does not have licensure pending in any other state.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, Dona M. Cirillo, R.N. hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to her profession.

3. Respondent's license number E53112 to practice as a registered nurse in the State of Connecticut is hereby placed on probation for eighteen months, subject to the following terms and conditions:

- (a) During the period of probation she shall provide a copy of this Consent Order to all of her current and future employers .
- (b) During the period of probation she shall not accept employment in any capacity for a personnel provider, visiting nurse agency or home health care agency for the period of her probation.
- (c) During the first six (6) months of the probationary period she shall be directly supervised by a preceptor during the preparation, administration and documentation of all medications. Said preceptor shall be a licensed registered nurse and shall provide quarterly reports which shall address respondent's ability to safely and competently prepare, administer and document the administration of medications.
- (d) She shall be responsible for the provision of quarterly reports from her nursing supervisor (i.e., Director of Nursing) during the entire period of her probation.
- (e) Said reports cited in paragraphs 3(c) and 3(d) above shall include documentation of her ability to safely and competently practice nursing and her ability to safely and competently administer and document the administration of medications. Said reports shall be issued to the Connecticut Board of Examiners for Nursing (hereinafter "the Board") at the address cited in paragraph 3(i) below.
- f. During the first year of the period of probation, she shall successfully complete a refresher course in the documentation and administration of medication. She shall submit the details of said course to the Board and

obtain prior approval from the Board for said course. She shall notify the Board and cause to be submitted a certificate or other notification of her successful completion of said course within thirty days of its completion.

- g. During the period of probation respondent shall notify the Department and the Board in writing of any change of employment within fifteen (15) days of such change.
- h. During the period of probation respondent shall notify the Department and the Board of any change in her home or business address within fifteen (15) days of such change.
- i. All correspondence and reports shall be addressed to:

Office of the Board of Examiners for Nursing
Department of Public Health and Addiction Services
150 Washington Street
Hartford, CT 06106

- (j) All reports required in paragraphs 3(c) and 3(d) are due on the tenth business day of January, April, July and October. Quarterly reports shall commence with the reports due Jan. 10, 1975.

- 4. Any violation of the terms of this Consent Order without prior written approval by the Department and the Board shall constitute grounds for the Board to revoke respondent's nursing license following notice and an opportunity to be heard.
- 5. The parties stipulate that any violation of the terms of this Consent Order constitutes an emergency and a clear and immediate danger to the public health and safety as defined by Connecticut General Statutes §4-182(c) and §19a-17(c), respectively.
- 6. Any extension of time or grace period for reporting granted by the Board shall not be a waiver or preclude the Board's right to take action at a later time. The Board shall not be required to grant future extensions of time or grace periods.

7. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Licensure and Renewal Section of the Division of Medical Quality Assurance, Department of Public Health and Addiction Services.
8. This Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
9. Respondent understands this Consent Order is a matter of public record.
10. Respondent understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Board (1) in which her compliance with this same Consent 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, this Consent 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 respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
12. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. Respondent understands that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted.
13. Respondent has had the opportunity to consult with an attorney prior to signing this document.

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I, Dona M. Cirillo, R.N., 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.

Dona M. Cirillo, R.N.
Dona M. Cirillo, R.N.

Subscribed and sworn to before me this 17th day of June 1994.

Robert F. Hinchliffe
Notary Public or person authorized
by law to administer an oath or
affirmation My Commission Expires May 31, 1997

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 24th day of June 1994, 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 8 day of September 1994, it is hereby ordered and accepted.

BY: Janice Thibodeau
Connecticut Board of Examiners for Nursing

ADH:cja
9284Q/34-38
2/94



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

April 10, 1996

Dona Cirillo
12 Pioneer Drive
Windsor CT 06095

RE: Connecticut RN License No. E53112

Dear Ms. Cirillo:

The probationary status of your registered nurse license has concluded. The probation requirements of your license have been removed effective April 1, 1996.

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 860-509-7588.

Sincerely,

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

MTH:jew

marie.doc/48

cc: Richard J. Lynch, Assistant Attorney General
Donna Buntaine Brewer, Chief, Legal Office
Debra Tomassone, Chief, Licensure & Registration
Debra Johnson, Health Program Associate, Applications, Examinations & Licensure
Jean Walden, RN, Carl Robinson Correctional Institution



Phone:

Telephone Device for the Deaf (860) 509-7191

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