

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

In re: Maura K. Konopka, R.N.

Petition No. 920409-10-021

CONSENT ORDER

WHEREAS, Maura K. Konopka, R.N. of Cromwell, Connecticut, hereinafter the respondent, has been issued license number E53577 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, the Respondent hereby admits and acknowledges that:

1. On or before 11 May 1992, while employed as a nurse at Cromwell Crest Convalescent Home, Cromwell, Connecticut she used a controlled substance, to wit, cocaine.
2. On 11 May 1992 she was convicted in Middlesex Superior Court of one (1) count of violation of §21a-277 of the Connecticut General Statute.
3. The conduct referenced above fails to conform to the accepted standard of the nursing profession in violation of §20-99(b) of the Connecticut General Statutes.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, the Respondent hereby stipulates and agrees to the following:

1. She waives the right to a hearing on the merits of this matter.
2. Her license number E53577 to practice as a registered nurse in the State of Connecticut is on probation for three (3) years.
3. Her probation is subject to the following conditions:

NAK  
3/8/94  
JB

- A.
- 1.) She shall not obtain for personal use and/or use alcohol or any drug that has not been prescribed for her for a legitimate medical purpose by a licensed health care practitioner.
  - 2.) She shall provide a copy of this Consent Order to her therapist.
  - 3.) She shall engage in counseling with a licensed or certified therapist at her own expense.
  - 4.) She shall be responsible for the provision of monthly reports from her therapist during her probation; said reports are due on the first business day after every month:
  - 5.) She shall be responsible for providing random urine and/or blood screens for drugs and alcohol at the discretion of her therapist. There must be at least one such drug and alcohol screen monthly during her probation. Said reports shall be negative for drugs and alcohol including but not limited to cocaine. 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.
- 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 service, home health care agency or visiting nurse association for the period of her probation.

- 3.) She shall be responsible for the provision of monthly reports from her nursing supervisor (i.e. Director of Nursing) due on the first business day after every month during the period of her probation.
- 4.) Said reports cited in 3.B.3 above shall include documentation of her ability to safely and competently practice nursing.
- C. 1.) She shall attend the meetings of a 12 step program such as Alcohol Anonymous, Narcotics Anonymous or Nurses for Nurses or other group for recovering professionals and such participation shall be documented in her therapist's reports.
- D. 1.) Said reports cited in Paragraphs 3.A.4. and 3.B.3. above shall include documentation of dates of treatment, her participation in a 12 Step program referenced in paragraph 3.C.1. above, an evaluation of her progress, and drug and alcohol free status, and copies of all laboratory reports.
4. The Connecticut Board of Examiners for Nursing must be informed prior to any change of employment.
5. The Connecticut Board of Examiners for Nursing must be informed prior to any change of address.
6. 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

7. 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. or 5. 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 constitute 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 may 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 is issued.
8. 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.

9. She understands this Consent Order is a matter of public record.
10. 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.
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, 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 other rights that she may have under the laws of the State of Connecticut or of the United States.
12. 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.
13. She understands she has the right to consult with an attorney prior to signing this document.

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I, Maura K. Konopka, 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.

Maura K. Konopka  
Maura K. Konopka

Subscribed and sworn to before me this 4<sup>th</sup> day of ~~DECEMBER~~ 1992.

Bernard Neville  
Notary Public or person authorized by law to administer an oath or affirmation

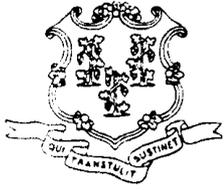
**BERNARD NEVILLE**  
**NOTARY PUBLIC**  
**MY COMMISSION EXPIRES JULY 31, 1997**

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 6<sup>th</sup> day of January 1992, 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 7 day of January 199~~2~~<sup>3</sup>, it is hereby ordered and accepted.

BY: Janice A. Thibodeau  
Connecticut Board of Examiners for Nursing



# STATE OF CONNECTICUT

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

February 1, 1996

Maura K. Konopka  
24 Timber Hill Road  
Cromwell CT 06416

RE: Connecticut RN License No. E53577

Dear Ms. Konopka:

You have fulfilled the terms of the probation of your license. The probationary status of your registered nurse license has been removed effective February 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 860-566-4979.

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