

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH
BOARD OF EXAMINERS FOR NURSING**

In Re: Arlene Raymond, R.N.

Petition No. 2007-0413-010-026

CONSENT ORDER

WHEREAS, Arlene Raymond, R.N. (hereinafter "respondent") of Mystic, Connecticut has been issued license number E54563 to practice as a registered nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits and acknowledges that:

1. While employed as a registered nurse at Corrigan Correction Center, at various times in 2006, respondent wrote orders for psychotropic medications for at least twenty-six inmates without acting upon the orders of a physician.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, 20-99(b)(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations at a hearing in front of the Board of Examiners for Nursing (hereinafter "the Board"). Respondent further agrees that this Consent Order shall have the same effect as if ordered after a full hearing pursuant to §§19a-9, 19a-10, and 20-99(a) of the General Statutes of Connecticut.

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NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, respondent 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 E54563 to practice as a registered nurse in the State of Connecticut is hereby placed on probation for one year, subject to the following terms and conditions:
 - A. At her own expense, respondent shall obtain the services of a registered nurse or advance practice registered nurse duly licensed in Connecticut and not employed by the Department Of Corrections (hereinafter "monitor"). Said monitor is to be pre-approved by the Department and must have experience in chart review. The monitor shall perform a quarterly review of respondent's charting for a random selection of twenty percent (20%) of the inmates or patients for whom respondent has provided care in the previous three months. The monitor may review any additional documents (e.g., CMHC Form 925, Physician's Orders) pertaining to respondent's care for an inmate or patient but that are not in the patient chart. Respondent is responsible for the monitor submitting a report to the Department. Said report shall state that respondent is practicing registered nursing within the scope of practice of her licensure, and safely and effectively.
 - B. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of her probation.

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- C. Respondent shall be responsible for the provision of written reports directly to the Board and the Department from her nursing supervisor (i.e., Director of Nursing) quarterly for the entire period of her probation. Employer reports shall include documentation of respondent's ability to practice nursing within the scope of practice of her licensure, and shall be issued to the Board and the Department at the address cited in paragraph 3M below.
- D. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change.
- E. Respondent shall notify the Board and the Department of any change in her home or business address within fifteen (15) days of such change.
- F. If respondent pursues further training or is engaged at the time of the implementation of the Consent Order, in an educational program in any subject area that is regulated by the Department, respondent shall provide a copy of this Consent Order to the educational institution or, if not an institution, to respondent's instructor. Such institution or instructor shall notify the Department of receipt of the Consent Order within fifteen (15) days of receipt.
- G. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
- H. All correspondence and reports shall be addressed to:

Bonnie Pinkerton
Department of Public Health
Practitioner Licensing and Investigations
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

4. Any violation of the terms of this Consent Order without prior written approval by the Board shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard.
5. 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.
6. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.
7. 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.
8. Respondent understands this Consent Order is a matter of public record.
9. Respondent understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Board in which (1) her compliance with this same Consent Order is at issue, or (2) her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.
10. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a registered nurse, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its

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- investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
11. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Board.
 12. 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 respondent may have under the laws of the State of Connecticut or of the United States.
 13. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent understand that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted.
 14. Respondent has had the opportunity to consult with an attorney prior to signing this document.

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15. 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.

I, Arlene Raymond, R.N. , have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Arlene Raymond RN
Arlene Raymond, R.N.

Subscribed and sworn to before me this 14th day of April, 2008.

Marc P. Mercier
Notary Public or person authorized MARC P. MERCIER, ESQ.,
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 Public Health on the 15th day of April, 2008, it is hereby accepted.

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

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 7th day of May, 2008, it is hereby ordered and accepted.

BY: Patricia C. Bullard
Connecticut Board of Examiners for Nursing



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

July 17, 2009

Arlene Raymond, RN
126 Shewville Road
Mystic, CT 06355

Re: Consent Order
Petition No. 2007-0413-010-026
License No. E54563

Dear Ms. Raymond:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective June 1, 2009.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Please be certain to retain a copy of this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process, and good luck to you in the future.

Very truly yours,

Bonnie Pinkerton, RN, Nurse Consultant
Practitioner Licensing and Investigations Section

cc: J. Filippone
J. Wojick



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