

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

In re:

Jane Anderson, R.N.

Petition No. 860804-10-037

CONSENT ORDER

WHEREAS, Jane Anderson of West Hartford, Connecticut has been issued license number R28940 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, Jane Anderson hereby admits and acknowledges that:

1. During May of 1985 and subsequent thereto, while employed as a nurse practitioner at Hartford Hospital in Hartford, Connecticut she diverted to herself the controlled substance Tylox and its corresponding proof of use sheet.
2. During May of 1985 and subsequent thereto she obtained and/or attempted to obtain Percodan, Tylox, Tussionex, Phentermine and Tranxene by misrepresentation, fraud or deceit.
3. During May of 1985 and subsequent thereto she abused said Percodan, Tylox, Tussionex, Phentermine and Tranxene.
4. She is licensed as a nurse only in Connecticut and Virginia and does not have licensure pending in any other state.
5. The conduct described in 1., 2. and 3. 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 Connecticut General Statutes, Jane Anderson 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 R28940 to practice as a registered nurse in the State of Connecticut is on probation for three years.
3. That her probation is subject to the following conditions:
 - A.
 1. She shall provide a copy of this Consent Order to her therapist.
 2. She shall engage in counseling with a licensed or certified therapist.
 3. She shall be responsible for quarterly reports from her therapist for the period of probation.
 4. Said reports shall include documentation of dates of treatment, an evaluation of her progress and drug free status; and shall be due on the first business day of every third month.
 5. She is responsible for her therapist requesting approval of the Connecticut Board of Examiners for Nursing prior to the termination of therapy before the end of the probationary period if the therapist determines said termination is appropriate.
 - B.
 1. She shall provide a copy of this Consent Order to her employer upon returning to work as a nurse.
 2. She shall not accept employment as a nurse practitioner or a pool nurse for the period of her probation.

3. She shall be responsible for monthly reports from her nursing supervisor (i.e. Director of Nursing) due on the first business day of every month for the first year of her employment during the period of her probation.
 4. She shall be responsible for bi-monthly reports from her nursing supervisor due on the first business day of every second month, for the second year of her employment during the period of her probation.
 5. She shall be responsible for quarterly reports from her employer due on the first business day of every third month, for the third year of her employment during the period of her probation.
 6. Said reports shall include documentation of her ability to safely practice nursing.
4. That the Connecticut Board of Examiners for Nursing ~~must be~~ informed prior to any change of employment.
 5. That 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. That a violation of any term(s) of probation specified in paragraphs 3., 4., or 5. shall result in the right of the Connecticut Board of Examiners for Nursing to immediately revoke

her registered nurse 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 revoke at a later time. Nor shall the Connecticut Board of Examiners for Nursing be required to grant future extensions of time or grace periods. Notice of revocation 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).

8. 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.
9. That she understands this Consent Order is a matter of public record.
10. 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.
11. 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 or 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.

12. That she understands that she has the right to consult with an attorney prior to signing this document.

I, Jane Anderson, 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.

Jane Anderson
Jane Anderson

Subscribed and sworn to before me this 14th day of February 1987.

Leslie S. Shepard
Notary Public or person authorized by law to administer an oath or affirmation
My Commission Expires Mar. 31, 1991

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 11th day of February 1987, 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 25th day of February 1987, it is hereby ordered and accepted.

CONNECTICUT BOARD OF EXAMINERS FOR NURSING

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

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STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES

8 March 1990

Jane Anderson
79 Brentwood Road
West Hartford, CT 06107

RE: Connecticut RN License No. R28940

Dear Ms. Anderson:

Your eligibility for reinstatement from probation of your registered nurse license has been reviewed, and the Board of Examiners for Nursing recommend that your license be reinstated with as effective date of March 1, 1990.

Your original license number has been reassigned to you, and will be issued following routine processing by the Department of Health Services.

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.

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 566-4979.

Sincerely,

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

MTH:jew
4290/56

cc: Richard Lynch, Assistant Attorney General
David J. Pavis, Chief, Public Health Hearing Office
John N. Boccaccio, Chief, Licensure & Registration
Joseph J. Gillen, Chief, Applications, Examinations and Licensure
Nurse Licensure, Applications, Examinations and Licensure

566-1041

Phone:
150 Washington Street — Hartford, Connecticut 06106
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