

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES

In Re: Catherine Cooney, R.N.

Petition No. 960806-010-054

CONSENT ORDER

WHEREAS, Catherine Cooney, R.N. (hereinafter "respondent") of Manchester, Connecticut has been issued license number R30875 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, the Department alleges that:

1. At all relevant times, respondent was employed as a registered nurse at St. Francis Hospital, Hartford, Connecticut.
2. During June and July of 1996, respondent failed to completely, properly and/or accurately document medical or hospital records for at least six (6) patients and/or failed to administer Tylox to these six (6) patients.
3. During June and July of 1996, respondent diverted Tylox from St. Francis Hospital and/or abused or excessively used Tylox.
4. The above described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes Section 20-99(b), including but not limited to:
  - a. 20-99(b)(2);
  - b. 20-99(b)(5); and/or,
  - c. 20-99(b)(6).

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 admits her failure to completely record the administration of Tylox in the corresponding patient medical and/or hospital records, but denies all other allegations, and does not admit to having violated any statute or regulation, including but not limited to §20-99(b) of the General Statutes of Connecticut. Respondent further agrees that this Consent Order shall have the same effect as if ordered after a full hearing pursuant to §§19a-10 and 20-99(b) of the General Statutes of Connecticut.

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

1. That respondent waives her right to a hearing on the merits of this matter.
2. That respondent shall comply with all federal and state statutes and regulations applicable to her profession.
3. That respondent's license number R30875 to practice as a registered nurse in the State of Connecticut is hereby placed on probation for two (2) years, subject to the following terms and conditions:
  - A. At her own expense, she shall engage in therapy and counseling with a licensed or certified therapist (hereinafter "therapist") approved by the Board and the Department for the entire probationary period.
    - (1) She shall provide a copy of this Consent Order to her therapist.

- (2) Her therapist shall furnish written confirmation to the Board and the Department of his/her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
- (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, she shall advise the Board and the Department. Said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist shall not occur until approved by the Board after consultation with the Department. However, if therapy is terminated with approval of the Board, respondent's therapist shall continue to monitor her alcohol and drug free status by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph 3B below, and by providing the reports described in paragraph 3C below.
- (4) The therapist shall immediately notify the Board and the Department in writing if respondent discontinues therapy and/or terminates his/her services.

B. Respondent shall not obtain for personal use and/or use alcohol, controlled substances or legend drugs that have not been prescribed for her for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.

- (1) At her own expense, she shall submit to observed random urine screens for drugs and alcohol at a testing facility approved by the Board, after consultation with the Department, as ordered by her therapist and/or personal physician. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Board and the Department by respondent's therapist or personal physician or by the testing laboratory. All such observed random drug and alcohol screens shall be

legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.

- (2) She shall be responsible for notifying the laboratory, her therapist, the Board, and the Department of any drug(s) she is taking.
- (3) There must be at least one (1) such observed random alcohol/drug screen and accompanying laboratory report every two (2) weeks for the first year of probation. Thereafter, observed random screening and accompanying laboratory reports shall increase to once per week for the remainder of the probationary period.
- (4) All screens shall be negative for the presence of drugs and alcohol.
- (5) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (6) Respondent is hereby advised that the ingestion of poppy seeds has, from time to time, been raised as a defense to a positive screen result for morphine and/or opiates. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances during the term of this Consent Order. In the event respondent has a positive screen for Morphine and/or opiates, respondent agrees that the ingestion of poppy seeds shall not constitute a defense to such a screen.

C. Respondent shall be responsible for the provision of written reports from her therapist directly to the Board and the Department for the entire probationary period; monthly for the first year of probation; and, quarterly for the second year of probation. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of her drug and alcohol free status as established by the observed

random urine screens for drugs and alcohol, an evaluation of her ability to safely and competently practice nursing, and copies of all laboratory reports.

- D. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Board and the Department any confirmed positive alcohol/drug screen and any conduct or condition on respondent's part which does or may violate any federal or state statute or regulation applicable to her profession.
- E. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of her probation.
- F. Respondent shall not accept employment as a nurse for a personnel provider service, visiting nurse agency or home health care agency, and shall not be self-employed as a nurse during the first year of her probation.
- G. Respondent shall not administer, count, or have access to narcotics or other controlled substances, or have responsibility in the course of her nursing duties for such activities for six (6) months from the effective date of this Consent Order.
- H. 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) monthly for the <sup>two</sup> first year of her probation, ~~and, bimonthly for the second year of probation.~~ SKA  
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Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, with specific reference to documentation of medication and shall be issued to the Board and the Department at the address cited in paragraph 3M below. cc  
4/2  
SKA
- I. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change.
- J. Respondent shall notify the Board and the Department of any change in her home or business address within fifteen (15) days of such change.

K. All reports required in paragraphs 3C and 3H are due according to the following schedule:

- (1) Monthly reports are due on the tenth business day of every month.
- (2) Bi-monthly reports are due on the tenth business day of January, March, May, July, September and November.

L. Within the first year of probation, respondent shall attend and successfully complete a course pre-approved by the Board and the Department, addressing medication errors and the prevention of charting errors. Within thirty (30) days of the completion of such coursework, respondent shall provide the Board and the Department with proof, to the Department's satisfaction, of the successful completion of such course(s).

M. All correspondence and reports shall be addressed to:

Office of the Board of Examiners for Nursing  
Department of Public Health  
410 Capitol Avenue, MS #12LEG  
P.O. Box 340308  
Hartford, CT 06134-0308

4. That 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 the respondent's nursing license following notice and an opportunity to be heard.
5. That 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. Respondent shall provide written notice to the Department and the Board within thirty (30) days in the event that at least a thirty (30) day period has passed in which she has been unemployed as a nurse. After thirty (30) days of the probationary period, if respondent is employed less than forty eight (48) hours on the average for a consecutive four week period at

a time, or is employed outside the State of Connecticut at any time, such period(s) of time shall not be counted in reducing the probationary period covered by this Consent Order.

7. That legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Licensing, Certification & Investigations Section of the Division of Health Systems Regulation of the Department.
8. That 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. That respondent understands this Consent Order is a matter of public record.
10. That the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Board in which (1) her compliance with this same order is at issue, or (2) her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.
11. That, in the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as an R.N., upon request by the Department, with notice to the Board, for a period not to exceed forty-five (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 investigation during said forty-five (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 her 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 her 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.

12. That, 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 her license before the Board.
13. 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, 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.
14. That 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.
15. That respondent has had the opportunity to consult with an attorney prior to signing this document.

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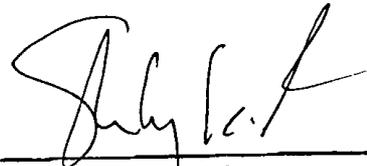
I, Catherine Cooney, R.N., have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
Catherine Cooney, R.N.

Subscribed and sworn to before me this 2<sup>nd</sup> day of April 1997.

  
Notary Public or person authorized  
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 2<sup>nd</sup> day of April 1997, it is hereby accepted.

  
Stanley K. Peck, Director  
Legal Office

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the \_\_\_\_\_ day of \_\_\_\_\_ 1997 it is hereby ordered and accepted.

BY: \_\_\_\_\_  
Connecticut Board of Examiners for Nursing

gdb  
S: Cooney/legal/consent  
12/96

I, Catherine Cooney, 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.

  
Catherine Cooney, R.N.

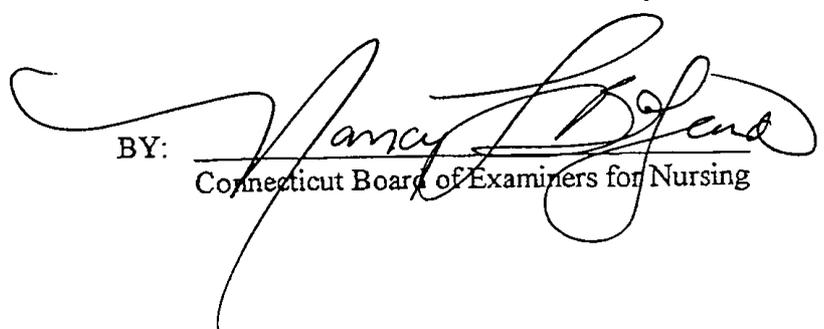
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