

10- R33012

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH**

In Re: Laura Bivona, R.N.

Petition No. 2005-0809-010-066

CONSENT ORDER

WHEREAS, Laura Bivona (hereinafter "respondent") of Stratford, Connecticut has been issued license number R33012 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. On or about April 17, 2005, while working as a registered nurse at St. Vincent's Special Needs Center, respondent:
 - a. failed to adequately perform her role as nursing supervisor;
 - b. failed to ensure that the L.P.N. on duty was appropriately trained and was competent to care for a medically fragile 3-year old child with a tracheostomy; and/or
 - c. failed to ensure that the St. Vincent's Special Needs Center was adequately staffed to meet the needs of the children.

2. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, 20-99(b), including but not limited to:
 - a. 20-99(b)(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above admitted violations 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.

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 R33012 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. Respondent shall not be employed in a supervisory position while on probation.
 - B. Within the first six months of the probationary period, respondent shall attend and successfully complete continuing education, pre-approved by the Department, in the care of a ^{pediatric} patient with a tracheostomy including the development of the nursing care plan, and in nursing delegation. Within two weeks of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such course(s).
 - C. 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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- D. Respondent shall not be employed as a nurse for a personnel provider service, assisted living services agency, homemaker - home health aide agency, or home health care agency, and shall not be self-employed as a nurse for the period of her probation.
- E. Respondent shall be responsible for the provision of quarterly written reports directly to the Board and the Department from her employer for the entire probationary period. Respondent shall provide a copy of this Consent Order to any and all employers if employed as a nurse during the probationary period. The Board and the Department shall be notified in writing by any employer(s) within fifteen (15) days of the commencement of employment as to the receipt of a copy of this Consent Order. Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, shall place emphasis on the standard of practice observed and whether delegation to LPNs and UAPs has been appropriate, and shall be issued to the Board and the Department at the address cited in paragraph 3f below.
- F. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change.
- G. Respondent shall notify the Board and the Department of any change in her home or business address within fifteen (15) days of such change.
- H. 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.

- I. 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.
- J. 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

5. 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.
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 Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.
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 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. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank.

11. 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. Respondent further agrees that failure to cooperate with the Department in its 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.
12. 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.
13. 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.
14. 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

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that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted.

15. This Consent Order is a revocable offer of settlement, which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
16. Respondent has had the opportunity to consult with an attorney prior to signing this document.
17. 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, _____, 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.

Xaura Swanson
Respondent Name, R.N.

Subscribed and sworn to before me this 3 day of November, 2008

[Signature]
Notary Public or person authorized
by law to administer an oath or affirmation
*My Commission Expires
Oct. 31, 2010*

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 3rd day of November, 2008, it is hereby accepted.

Wendy H. Furniss
Wendy Furniss, Branch Chief
Healthcare Services Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 5th day of November, 2008, it is hereby ordered and accepted.

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



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

January 14, 2010

Laura Bivona, RN
795 Chickadee Lane
Stratford, CT 06614

Re: Consent Order
Petition No. 2005-0809-010-066
License No. R33012

Dear Ms. Bivona:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective December 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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