

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. \_\_\_\_\_

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

In re: John Manzolilla, A.P.R.N.  
 17 Old Field Lane  
 Milford, Connecticut 06460

Petition No. 920805-12-001

3. That his probation is subject to

CONSENT ORDER

WHEREAS, John Manzolilla of Milford, Connecticut has been issued license number R36520 to practice as a registered nurse and license number 000119 to practice as an advanced practice registered nurse by the Department of Health Services pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and

WHEREAS, John Manzolilla hereby admits and acknowledges that:

1. During April, 1992 and subsequent thereto, while working as a nurse at Milford Hospital in Milford, Connecticut he:
  - a. diverted to himself the controlled substance Fentanyl;
  - b. abused or utilized to excess the controlled substance Fentanyl; and
  - c. falsified one or more controlled substance receipt records.
2. He is licensed as a nurse only in Connecticut and does not have licensure pending in any other state.
3. The conduct described in 1. 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 General Statutes of Connecticut, John Manzolilla hereby stipulates and agrees to the following:

RN  
 APN  
 3/8/94  
 3/8/94  
 B

1. That he waives the right to a hearing on the merits of this matter.
2. That his license number R36520 to practice as a registered nurse and license number 000119 to practice as an advanced practice registered nurse in the State of Connecticut is on probation for three (3) years.

3. That his probation is subject to the following conditions:

- A. 1.) He shall engage in counseling with a licensed or certified therapist at his own expense.
- 2.) He shall provide a copy of this Consent Order to his therapist.
- 3.) He shall be responsible for the provision of bi-monthly reports from his therapist during the probationary period. Said reports are due on the first business day of January, March, May, July, September and November. Bimonthly reports shall commence with the report due March 1, 1993.
- 4.) He shall be responsible for providing random urine and/or blood screens for drugs, including but not limited to Fentanyl, and alcohol at the discretion of his therapist. Said screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening. He shall be responsible for notifying the laboratory and his therapist of any drug(s) he is taking. There must be at least one such drug and alcohol screen bi-monthly during the probationary period. Said reports shall be negative for drugs and alcohol.

- 5.) Said reports cited in 3.A.3. and 3.A.4. above shall include documentation of dates of treatment, an evaluation of his progress and drug and alcohol free status, and copies of all laboratory reports. Said reports shall be issued to the Board at the address cited in paragraph 8. below.
- B.
- 1.) He shall provide a copy of this Consent Order to his employer.
  - 2.) He shall not accept employment as a nurse for a personnel provider, visiting nurse agency or home health care agency for the period of his probation.
  - 3.) During the probationary period his employment shall be limited to no more than 40 hours per week.
  - 4.) He shall be responsible for the provision of bi-monthly reports from his nursing supervisor due on the first business day of January, March, May, July, September and November during the period of his probation. Bimonthly reports shall commence with the report due March 1, 1993.
  - 5.) Said reports cited in 3.B.4 above shall address his work schedule and shall include documentation of his ability to safely and competently practice nursing. Said reports shall be issued to the Board at the address cited in paragraph 8. below.

4. That he shall not obtain for personal use and/or use alcohol or any drug that has not been prescribed for him for a legitimate purpose by a licensed health care practitioner.
5. That he shall actively participate in Narcotics Anonymous, Alcoholics Anonymous, Nurses for Nurses or any other group for recovering health professionals which utilizes the 12-step structured recovery program. His therapist shall address his participation in the reports required under Paragraph 3.A.3. of this Consent Order.
6. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of employment.
7. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of address.
8. That 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

9. The parties stipulate that any violation of the terms of this Consent Order authorizes the Department to seek a summary suspension of the respondent's license. The respondent specifically waives the provisions of Connecticut General Statutes §4-182(c) which requires a finding of an emergency before summary action can be taken. The respondent agrees that any violation of the terms of this Consent Order will constitute grounds for summary action. 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., 5., 6. or 7. 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 his nursing 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 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 his 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). His license shall 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.

10. 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.
11. That he understands this Consent Order is a matter of public record.
12. That he 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 his compliance with this same order is at issue, or (2) in which his compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.

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, 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 him of any other rights that he may have under the laws of the State of Connecticut or of the United States.
14. That he 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. He 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.
15. That he understands he has the right to consult with an attorney prior to signing this document.

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I, John Manzolilla, 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.

  
\_\_\_\_\_  
John Manzolilla

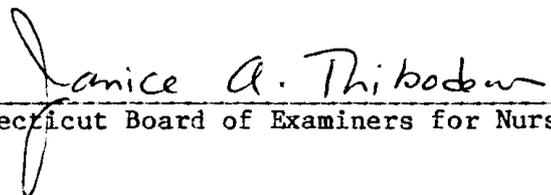
Subscribed and sworn to before me this 14<sup>th</sup> day of November 1992.

  
\_\_\_\_\_  
Notary Public or person authorized  
by law to administer an oath or  
affirmation  
*Commissioner of the Superior Court*

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 20<sup>th</sup> day of November 1992, it is hereby accepted.

  
\_\_\_\_\_  
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 2<sup>nd</sup> day of December 1992, it is hereby ordered and accepted.

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

ADH:dm  
7467Q/ 51-57  
10/92



# STATE OF CONNECTICUT

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

January 22, 1996

John Manzolilla  
157 Old Field Lane  
Milford CT 06460

RE: Connecticut RN License R36520  
Connecticut APRN License 000119

Dear Mr. Manzolilla:

You have fulfilled the terms of the probation of your license. The probationary status of your Registered Nurse and Advanced Practice Registered Nurse Licenses has been removed effective January 1, 1996.

Renewal of your registered and advanced practice registered nurse licenses 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  
4290/44

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  
Nurse Licensure, Applications, Examinations and Licensure

Phone: TDD: 203-566-1279  
150 Washington Street — Hartford, CT 06106  
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