

10-R41673



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

January 2, 2008

Carolyn Knight, RN
13 Robert Treat Drive, #D
Milford, CT 06460

Re: Consent Order
Petition No. 2005-0505-010-045
License No. R41673

Dear Ms. Knight:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective January 1, 2008.

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 this letter as documented proof that you have completed your license probation.

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

Very truly yours,

A handwritten signature in cursive script that reads "Bonnie Pinkerton".

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

cc: J. Filippone
J. Wojick



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH
BOARD OF EXAMINERS FOR NURSING

In Re: Carolyn Knight, R.N.

Petition No. 2005-0505-010-045

CONSENT ORDER

WHEREAS, Carolyn Knight, R.N. (hereinafter "respondent") of Greenwich, Connecticut, Connecticut has been issued license number R41673 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 Bridgeport Hospital on October 27, 2004, respondent failed both to commence CPR and call a code on a patient who had no pulse or respirations and was on full code status. Additionally, respondent failed to document the administration of a normal saline bolus for the patient approximately an hour earlier.
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.

WHEREAS, Respondent has successfully completed coursework, pre-approved by the department, in documentation standards and code procedures.

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 shall pay a civil penalty of five hundred dollars (\$500.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent's license number R41673 to practice as a registered nurse in the State of Connecticut is hereby reprimanded.
5. Respondent's license number R41673 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 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.
 - B. 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 probation. 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, *including but not limited to safe administration and documentation of medication* and shall be issued to the Board and the Department at the address cited in paragraph 3.E. below.

C. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change. *D.M.T. for Dpt. CHK, R.N.*

D. 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

6. 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.
7. 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.
8. 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.
9. 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.

10. Respondent understands this Consent Order is a matter of public record.
11. 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.
12. 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 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.
13. 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.

14. 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.
15. 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.
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.
18. I understand that the purpose of this agreement is to resolve the pending matter against my license and is not intended to affect any claim of civil liability that might be brought against me.

I, Carolyn Knight, 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.

Carolyn Knight, R.N.
Carolyn Knight, R.N.

Subscribed and sworn to before me this 10th day of November, 2006.

[Signature]
~~Notary Public or person authorized~~ Douglas J. Robinson
by law to administer an oath or affirmation A Agency

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 1st day of December, 2006, 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 20 day of December, 2006, it is hereby ordered and accepted.

BY: Nancy Bafundo
Connecticut Board of Examiners for Nursing

dml/knight
consent