

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. P 049 597 990

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

In re: Jane Morgan

Petition No. 921007-10-051

PRELICENSURE CONSENT ORDER

WHEREAS, Jane Morgan of Kalamazoo, Michigan has applied for licensure 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 Morgan hereby admits and acknowledges that:

1. She has never been licensed as a registered nurse in the State of Connecticut.
2. She has successfully completed all the educational and examination requirements for Connecticut registered nurse licensure.
3. During 1981 and subsequent thereto, while working as a registered nurse at the University of Oregon Health Sciences Center in Portland, Oregon she diverted to herself the controlled substances demerol and morphine.
4. By her action described in paragraph 3. above she committed acts which fail to conform to the accepted standards of registered nurses and she is subject to licensure denial under §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, Jane Morgan hereby stipulates and agrees to the following:

1. That she waives the right to a hearing on the merits of this matter.

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2. That she shall be granted a license to practice as a registered nurse.
3. That her license to practice as a registered nurse in the State of Connecticut shall be suspended. Said suspension shall be stayed immediately, and she shall be on probation for one year.
4. That her probation is subject to the following conditions:
 - A. 1.) She shall provide a copy of this Prelicensure Consent Order to her therapist.
 - 2.) She shall engage in counseling with a licensed or certified therapist for the first six months of probation, with the frequency of sessions to be determined by that therapist. Counseling shall be at her own expense.
 - 3.) She shall be responsible for the provision of monthly reports from her therapist; said reports are due on the first business day after every month for the first six months.
 - 4.) She shall be responsible for providing random, observed urine and/or random blood screens for controlled substances, including but not limited to demerol and morphine, and alcohol at the discretion of her therapist for the period of probation. Said screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening. She shall be responsible for notifying the laboratory and her therapist of any drug(s) she is taking. There must be at least one

such controlled substance and alcohol screen per month during the period of probation (more at the discretion of her therapist during the first six months of probation). Said reports shall be negative for controlled substances and alcohol.

5.) Said reports cited in 4.A.3. and 4.A.4. above shall include documentation of dates of treatment, an evaluation of her progress and controlled substance and alcohol free status, her participation in a 12 step program as required by 4.C.1. of this Prelicensure Consent Order, and copies of all laboratory reports. Said reports shall be issued to the Department of Health Services at the address cited in paragraph 9. below.

B. 1.) She shall not accept employment as a nurse for a personnel provider, visiting nurse agency or home health care agency for the period of her probation.

C. 1.) She shall actively participate in Narcotics Anonymous, Alcoholics Anonymous, Nurses for Nurses or any other group for recovering professionals which utilize the 12 step structured recovery program. Her therapist shall address her participation in the reports required under paragraphs 3.A.3. and 3.A.4. of this Prelicensure Consent Order.

5. That she shall not obtain for personal use and/or use alcohol or any controlled substance that has not been prescribed for her for a legitimate purpose by a licensed health care practitioner.

6. That the Department of Health Services must be informed prior to any change of employment.
7. That the Department of Health Services must be informed prior to any change of address.
8. That she shall provide signed releases for all of her prior and current treaters as requested by the Department of Health Services.
9. That all correspondence and reports are to be addressed to:

Lynne Hurley, Investigator
Public Health Hearing Office
Department of Health Services
150 Washington Street
Hartford, CT 06106

10. That any deviation from the term(s) of this Prelicensure Consent Order without prior written approval by the Department of Health Services shall constitute a violation of this Order. A violation of any term(s) of this Order shall result in the right of the Department of Health Services to immediately deem the respondent's registered nurse license rescinded. Any extension of time or grace period for reporting granted by the Department of Health Services shall not be a waiver or preclude the Department's right to take action at a later time. The Department of Health Services shall not be required to grant future extensions of time or grace periods. Notice of rescission of the license shall be sent by the Department of Health Services to the respondent's 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.) The respondent waives any right to a hearing on the issue of violation of the terms of the Order.

11. That this Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department of Health Services.
12. That she understands this Prelicensure Consent Order is a matter of public record.
13. That she understands this Prelicensure Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Department of Health Services or Connecticut Board of Examiners for Nursing (1) in which her compliance with this same agreement is at issue, or (2) in which her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.
14. That this Prelicensure 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 her of any rights that she may have under the laws of the State of Connecticut or of the United States.
15. That she understands she has the right to consult with an attorney prior to signing this document.

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I, Jane Morgan, have read the above Prelicensure Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

Jane Morgan

Jane Morgan

Subscribed and sworn to before me this *13th* day of *November* 1992.

JOYCE BRANNOCK
Notary Public, Kalamazoo County, Michigan
My Commission Expires April 28, 1996

Joyce Brannock

Notary Public or person authorized
by law to administer an oath or
affirmation

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on

the *7th* day of *December*

1992, it is hereby ordered and accepted.

Stanley K. Peck

Stanley K. Peck, Director
Division of Medical Quality Assurance

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