

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

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

In re: Karen Taylor, R.N.

Petition No.: 950216-10-019

PRELICENSURE CONSENT ORDER

WHEREAS, Karen Taylor of Middletown, CT (hereinafter "respondent") has applied for licensure to practice as a registered nurse by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent admits and acknowledges that:

1. The Department has at no time issued respondent a license to practice the occupation of nursing under the General Statutes of Connecticut, Chapter 378.
2. In 1994, while employed as a registered nurse in Massachusetts respondent was reassigned to nursing assistant duties due to medication errors.
3. During the time period of December of 1994 through April 16, 1995 respondent engaged in the unlicensed practice of nursing in Connecticut at Gaylord Hospital.
4. By the conduct described above, respondent has committed acts that constitute grounds for the denial of her application for licensure pursuant to §19a-14 of the Connecticut General Statutes.

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

1. That she waives the right to a hearing on the merits of this matter.
2. That upon satisfaction of the requirements for licensure as a registered nurse as set forth in Chapter 378 of the General Statutes of Connecticut, respondent's license to practice as a registered nurse shall be issued.
3. That her license to practice as a registered nurse in the State of Connecticut shall immediately be placed on ~~probation~~ for eighteen months subject to the following terms and conditions:
 - A. She shall engage in therapy at her own expense with a licensed therapist or certified independent social worker approved by the Department (hereinafter "therapist").
 - (1) She shall provide a copy of this Prelicensure Consent Order to her therapist.
 - (2) Her therapist shall furnish written confirmation to the Department of his or her engagement in that capacity and receipt of a copy of this Prelicensure Consent Order within fifteen (15) days of the effective date of this Prelicensure Consent Order.
 - (3) If respondent's therapist determines that therapy is no longer therapeutically necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, he or she shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions and/or respondent's transfer to another therapist.

- (4) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates his or her services.
- C. Respondent shall be responsible for the provision of written reports from her therapist directly to the Department monthly for the probationary period. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and an evaluation of her ability to safely and competently practice nursing.
- D. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Department 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 Prelicensure Consent Order to all current and future employers for the duration of her probation.
- F. Respondent shall not accept employment in any capacity for a personnel provider, visiting nurse agency or home health care agency for the period of her probation.
- G. Respondent shall be responsible for the provision of written reports directly to the Department from her nursing supervisor (i.e., Director of Nursing) monthly for the period of probation. Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Department at the address cited in paragraph 7 below.
- H. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
- I. Respondent shall notify the Department of any change in her home or business address within fifteen (15) days of such change.

- J. Monthly reports required in paragraphs 3C and 3G are due on the tenth business day of the month. The first reports required by the terms of this Prelicensure Consent Order are due on the tenth day of the first full month after the effective date of this Prelicensure Consent Order.
4. That in the event respondent is unemployed for periods of thirty (30) consecutive days or longer, or is employed less than twenty (20) hours per week, respondent shall so notify the Department in writing. Such period(s) shall not be counted in reducing the period covered by her Prelicensure Consent Order.
5. That respondent shall comply with all state and federal statutes and regulations applicable to her license.
6. That any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department to immediately deem respondent's registered nurse license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the rescision of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.
7. That all correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Bonnie Pinkerton, Nurse Consultant
Department of Public Health and Addiction Services
150 Washington Street
Hartford, Connecticut 06106

8. That legal notice shall be sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Medical Quality Assurance of the Department.
9. That she understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Board of Examiners for Nursing in which her compliance with §20-99 of the General Statutes of Connecticut as amended, is at issue.
10. 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, this Prelicensure 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 her of any other rights that she may have under the laws of the State of Connecticut or of the United States.
11. That this Prelicensure 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.
12. That this Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
13. That this Prelicensure Consent Order is a matter of public record.
14. That respondent has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

I, Karen Taylor have read the above Prelicensure Consent Order, and I agree 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.

Karen Taylor RN
Karen Taylor, R.N.

Subscribed and sworn to before me this 13th day of April 1995.

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

WILLIAM C. GERRISH
NOTARY PUBLIC
MY COMMISSION EXPIRES MAY 31, 1996

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health and Addiction Services on the 17th day of April 1995, it is hereby ordered and accepted.

Stanley K. Peck
Stanley K. Peck, Director
Division of Medical Quality Assurance

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



January 29, 1998

Karen Fors-Taylor
271 Oakland Street, Condo E
Manchester, CT 06040

RE: Registered Nurse License No. R50988

Dear Ms. Fors-Taylor:

Please be advised that you have fulfilled the terms of probation of your registered nurse license. The probationary status of your license will be removed with an effective date of February 1, 1998.

Should you have any questions concerning this matter, please contact me at 860-509-7623.

Very truly yours,

A handwritten signature in black ink, appearing to read "Jeffrey A. Kardys".

Jeffrey A. Kardys
Special Investigator
Health Systems Regulation

JAK:

PROBEND.DOC

cc: Debra Tomassone, HSS, Licensure & Registration
Bonnie Pinkerton, Nurse Consultant, Health Systems Regulation
Teresa Nevin, RN



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