

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

In re: Jo Ann Nangle

Petition No. 950928-10-092

PRELICENSURE CONSENT ORDER

WHEREAS, Jo Ann Nangle of Harrisburg, Illinois (hereinafter "respondent") has applied for licensure to practice as a registered nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent agrees that:

1. The Department has at no time issued respondent a license to practice as a registered nurse under Connecticut General Statute Chapter 378.
2. In 1988, her registered nurse license in the State of Illinois was suspended for six (6) months, followed by a two (2) year period of probation.
3. The foregoing constitutes 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 any right she may have to a hearing on the merits of her application for licensure.

2. That after satisfying the requirements for licensure as a registered nurse as set forth in Chapter 378 of the Connecticut General Statutes, respondent's license to practice as a registered nurse will be issued.
3. That her license to practice as a registered nurse in the State of Connecticut shall immediately upon issuance, be placed on probation for one (1) year under the following terms and conditions:
 - A. At her own expense, she shall engage in therapy and counseling with a licensed or certified therapist (hereinafter "therapist") approved by the Department for the entire probationary period.
 - (1) She shall provide a copy of this Consent Order to her therapist.
 - (2) Her therapist shall furnish written confirmation to the Department of her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department. Said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist shall not occur until approved by the Department. However, if therapy is terminated with approval of the Department, respondent's therapist shall continue to monitor her alcohol and drug free status by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph 3B(1) below, and by providing the reports described in paragraph 3B(2) below.

- (4) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates his/her services.
- (5) The therapist shall submit quarterly reports for the period of probation which shall address, but not necessarily be limited to, respondent's ability to practice as a registered nurse in an alcohol and substance free state. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has expired.

B. Respondent shall refrain from the ingestion or use of alcohol and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drug unless she is under the direct medical care of a licensed physician; in the event a medical condition arises requiring treatment utilizing controlled substances or legend drugs, respondent shall notify the Department and, upon request, provide such written documentation of the treatment by the treater, as is deemed necessary by the Department.

- (1) During the first six (6) months of the period of probation, respondent shall submit to one random observed urine screen for alcohol and for controlled substances and legend drugs every week; during the last six (6) months, she shall submit to one such screen every two weeks. Respondent shall submit to such screens on a more frequent basis if requested to do so by the therapist. Said screens shall be administered by a facility approved by the Department.
- (2) She shall cause to have the facility provide monthly reports to the Department on the urine screens for alcohol, controlled substances and legend drugs. All such screens shall be negative for

alcohol, controlled substances, and legend drugs, except for medications prescribed by respondent's physician. If respondent has a positive urine screen, the facility shall immediately notify the Department. All positive random drug and alcohol screens shall be confirmed by gas chromatograph/mass spectrometer testing.

(3) Respondent is hereby advised that the ingestion of poppy seeds has, from time to time, been raised as a defense to positive screen result for morphine and/or opiates. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances during the term of this Consent Order. In the event respondent has a positive screen for morphine and/or opiates, respondent agrees that the ingestion of poppy seeds shall not constitute a defense to such a screen.

(4) Respondent shall notify each of his physicians of all medications prescribed for him by any and all other health care professionals.

- C. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of her probation.
- D. Respondent shall not accept employment as a nurse for a personnel provider service, visiting nurse agency or home health care agency, and shall not be self-employed as a nurse for the period of her probation.
- E. Respondent shall not administer, count, or have access to narcotics or other controlled substances, or have responsibility for such activities in the course of her nursing duties for the first three (3) months of her probation.

- F. 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 first six (6) months of her probation; and quarterly for the last six (6) months 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 8 below.
4. That in the event respondent is unemployed during the probation period 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 this Prelicensure Consent Order.
 5. That respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
 6. That respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.
 7. 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 in its discretion 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

recision 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.

8. That 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
150 Washington Street
Hartford, Connecticut 06106

9. 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.
10. 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 (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-99 of the Connecticut General Statutes, as amended, is at issue.
11. 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 Connecticut General Statutes, 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.
12. 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.

13. That this Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
14. That she understands this Prelicensure Consent Order is a matter of public record.
15. That she understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

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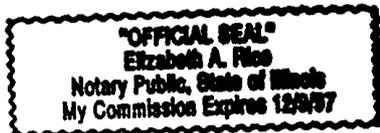
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I, Jo Ann Nangle, R.N., have read the above Prelicensure Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Prelicensure Consent Order to be my free act and deed.

Jo Ann Nangle R.N.
Jo Ann Nangle, R.N.

Subscribed and sworn to before me this 13 day of Feb 1996.



Elizabeth A. Rice
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 Public Health on the 21st day of ~~January~~ February, 1996, it is hereby ordered and accepted.

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