

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In re: Elizabeth King

Petition No. 960517-10-038

PRELICENSURE CONSENT ORDER

WHEREAS, Elizabeth King of New Milford, Connecticut (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 the occupation of nursing under Connecticut General Statute Chapter 378.
2. Between January of 1996 and May of 1996, while working as a registered nurse under a temporary Connecticut nursing license, respondent diverted Demerol, morphine and Percocet for her own personal use.
3. By the conduct described above, respondent 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 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 four (4) years under the following terms and conditions:
 - A. She shall participate in regularly scheduled therapy at her own expense with a licensed or certified therapist pre-approved by the Department (hereinafter "therapist").
 - (1) She shall provide a copy of this 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 Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist 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. However, if therapy is terminated with approval of the Department, respondent's therapist shall continue to monitor her controlled substance and alcohol free status by monitoring and

reviewing the observed random urine screens for controlled substances and alcohol as described in paragraph 3E below, and by providing the reports described in paragraph 3C below.

- B. The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates his or her services.
- C. That 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.
- D. That 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.
- E. That during the first eighteen (18) months of the probation, respondent shall submit to weekly random observed urine screens for alcohol and for controlled substances and legend drugs; during the second eighteen (18) months of the probation, she shall submit to such screens every other week; and, during the final year of the probation, she shall submit to such screens on a monthly basis.

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.

- F. That 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.
- G. That 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.
- H. Respondent shall notify each of his physicians of all medications prescribed for her by any and all other health care professionals.
- I. That respondent shall attend "anonymous" or support group meetings on an average of twelve (12) times per month, and that she shall provide monthly reports to the Department concerning her record of attendance.

- J. That, if respondent is employed in a nursing position, her employer shall be provided with a copy of this Consent Order within fifteen (15) days of its effective date, and shall agree to provide reports on a monthly basis for the first two years of the probationary period and quarterly for the second two years of the probation, stating that respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state.
 - K. 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 six (6) months of her probation.
 - L. 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.
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 this Prelicensure Consent Order. That in the event respondent is employed outside of the State of Connecticut, such period shall not be counted in reducing the period covered by this Prelicensure Consent Order.
 5. That respondent shall comply with all state and federal statutes and regulations applicable to her license.
 6. That respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.

7. That respondent shall notify the Department of any change(s) in her home and/or business address within fifteen (15) days of such change.
8. 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 rescission 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.
9. 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
410 Capitol Avenue, MS#12INV
Hartford, CT 06134-0308
10. 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 Department.
11. 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.

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

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I, Elizabeth King, 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.

Elizabeth King
Elizabeth King

Subscribed and sworn to before me this 18th day of July, 1996.

Susan K. Mustosz
Notary Public or person authorized
by law to administer an oath or
affirmation

SUSAN N. MUSTOSZ
NOTARY PUBLIC
MY COMMISSION EXPIRES AUG. 31, 1997

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 31st day of July, 1996, 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

BUREAU OF HEALTH SYSTEM REGULATION

August 9, 1996

Elizabeth King
59 Bel Air Drive
New Milford, CT 06776

Dear Ms. King:

On behalf of the Department of Public Health, I want to congratulate you upon the successful completion of all requirements for registered nurse licensure in the State of Connecticut.

Connecticut license R53033 has been issued to you, effective the date of this letter. You are eligible to begin the practice of nursing as of this date.

I have also enclosed a copy of the fully executed Consent Order in accordance with which your license is being granted. The Consent Order is effective as of your date of licensure noted above. Upon satisfaction of the terms of the Consent Order, you will receive notification of same by the Department of Public Health.

Your license is due to be renewed each year during the month of your birth. This renewal will be required in the first birth month which immediately follows the issuance of this license.

Please contact Nurse's Registration (509-7588) if you do not receive a renewal notice. Failure to renew within ninety (90) days of the due date will cause your license to become void and will require reinstatement. State law requires you to keep Nurse's Registration informed at all times of any name or address changes, either in Connecticut or outside of the state. Pending issuance of your license, this letter may be used as verification of your licensure as a Registered Nurse in the State of Connecticut.

Respectfully,

Debra L. Johnson
Health Program Associate
Applications and Examinations

cc: Debra Tomassone, Chief, Licensure and Registration ✓
Dan Shapiro, Staff Attorney, Legal Office

DLJ:cas

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Phone:

Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # _____
P.O. Box 340308 Hartford, CT 06134
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