

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

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

In re: Judith Sylvester, L.P.N.

Petition No.900525-11-016

CONSENT ORDER

WHEREAS, Judith Sylvester of Unionville, Connecticut has been issued license number 013077 to practice as a licensed practical nurse by the Department of Health Services pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and

WHEREAS, Judith Sylvester hereby admits and acknowledges that:

1. During March 1990, while working as a licensed practical nurse at Bristol Hospital in Bristol, Connecticut, she diverted to herself the controlled substances Demerol and Morphine from the hospital stock.
2. She is licensed as a practical nurse only in Connecticut and does not have licensure pending in any other state.
3. The conduct described above fails to conform to the accepted standards of the nursing profession in violation of §20-99(b) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, Judith Sylvester hereby stipulates and agrees to the following:

1. That she waives the right to a hearing on the merits of this matter.
2. That her license number 013077 to practice as a licensed practical nurse in the State of Connecticut shall be suspended for one year.

3. That she will be placed on probation for four years, the first year of which will be concurrent with her suspension.
4. That her probation is subject to the following conditions:
 - A.
 - 1.) She shall engage in counseling with a licensed or certified therapist at her own expense.
 - 2.) She shall provide a copy of this Consent Order to her therapist.
 - 3.) She shall be responsible for the submission of bi-monthly reports from her therapist for the first two years of her probationary period and quarterly reports for the second two years; said reports are due on the first business day after every second month during the first two years of her probation and on the first business day after every third month during the last two years.
 - 4.) She shall be responsible for providing random urine screens for drugs and alcohol at the discretion of her therapist. Said screens shall be legally defensible in that the specimen donor and chain of custody must 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 drug and alcohol screen bi-monthly during the first two years of the probationary period and one every three months during the remainder of the probationary period. Said reports shall be negative for drugs and alcohol.

- 5.) The reports cited in 4.A.3. and 4.A.4. above shall include documentation of dates of treatment, an evaluation of her progress and drug and alcohol free status, and copies of all laboratory reports. Said reports shall be issued to the Board at the address cited in paragraph 8. below.
- B.
- 1.) She shall provide a copy of this Consent Order to her employer if she is currently employed in nursing or if she subsequently obtains employment in nursing during her probationary period.
 - 2.) She shall not accept employment as a nurse for a personnel provider for the period of her probation.
 - 3.) She shall be responsible for the provision of bi-monthly reports from her nursing supervisor (i.e. Director of Nursing) due on the first business day after every second month while she is employed as a nurse during the first two years of her probationary period and quarterly reports due on the first business day after every third month during the remainder of her probationary period.
 - 4.) Said reports cited in 4.B.3 above shall include documentation of her ability to safely and competently practice nursing. Said reports shall be issued to the Board at the address cited in paragraph 8. below.

5. That she shall not obtain for personal use and/or use alcohol or any drug that has not been prescribed for her for a legitimate purpose by a licensed health care practitioner.
6. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of employment.
7. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of address.
8. That all correspondence and reports are to be addressed to:

Office of the Board of Examiners for Nursing
Department of Health Services
150 Washington Street
Hartford, CT 06106

9. That any deviation from the term(s) of probation without prior written approval by the Connecticut Board of Examiners for Nursing shall constitute a violation of probation. A violation of any term(s) of probation specified in paragraphs 3., 4., 5. or 6. above shall result in the right of the Connecticut Board of Examiners for Nursing to immediately revoke or take other disciplinary action as cited in Connecticut General Statutes §19a-17 against her nursing license. Any extension of time or grace period for reporting granted by the Connecticut Board of Examiners for Nursing shall not be a waiver or preclude the Board's right to take action at a later time. The Connecticut Board of Examiners for Nursing shall not be required to grant additional extensions of time or grace periods. Notice of revocation or other disciplinary action shall be sent to her 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 or the Connecticut Board of Examiners for Nursing).

10. That this Consent Order is effective the first day of the month immediately following the date said Consent Order is ordered and accepted by the Connecticut Board of Examiners for Nursing.
11. That she understands this Consent Order is a matter of public record.
12. That she understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Connecticut Board of Examiners for Nursing (1) in which her compliance with this same order is at issue, or (2) in which her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.
13. That 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, 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.
14. That she permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance, Department of Health Services to present this Consent Order and the basis for said Consent Order to the Connecticut Board of Examiners for Nursing. She

understands that the Connecticut Board of Examiners for Nursing has complete and final discretion as to whether an executed Consent Order is approved or granted.

15. That she understands she has the right to consult with an attorney prior to signing this document.

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

Judith Sylvester
Judith Sylvester

Subscribed and sworn to before me this 25th day of February 1991.

M. Daniel Swell
Notary Public or person authorized by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 7th day of March 1991, it is hereby accepted.

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

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 20th day of March 1991, it is hereby ordered and accepted.

BY: Bette Jane M. Murphy, R.N.
Bette Jane M. Murphy, R.N., Chairperson
Connecticut Board of Examiners for Nursing