

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

In re: Carla Wright

Petition No. 950516-11-013

STIPULATED AGREEMENT

WHEREAS, Carla Wright of Hartford, Connecticut (hereinafter "respondent") has been issued license number 013126 to practice as a licensed practical nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent's license expired on August 31, 1988, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the Connecticut General Statutes, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. That from approximately 1983 through September 23, 1993, she used cocaine and/or crack cocaine on a regular basis and was addicted to cocaine;
2. That in May of 1991, she was arrested for possession of cocaine in violation of Connecticut General Statutes Section 21a-279(a), and in September of 1991, she pled guilty to that charge and served five months in prison;
3. By the conduct described in paragraphs 1 and 2 above, respondent committed acts that constitute grounds for the denial of her application for reinstatement pursuant to Chapter 368a of the Connecticut General Statutes.

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

1. That she waives her right to a hearing on the merits of this matter.
2. That subject to completion of all requirements for licensure with the Department, respondent shall be issued a restricted license, as defined hereinafter, to practice as a licensed practical nurse. The restricted license shall be a time-limited and practice-limited license. It shall be used by respondent only to fulfill the terms and conditions of this Agreement. The restricted license shall become void on March 15, 1996, unless rescinded earlier pursuant to a determination by the Department that a violation of this Agreement has occurred. The restricted license is subject to the following additional conditions:
 - A. The restricted license will be used for the sole purpose of participating in a nursing refresher course, approved by the Department.
 - B. Respondent shall successfully complete a nursing refresher course at Warren F. Kaynor Regional Vocational-Technical School on or by March 16, 1996.
 - C. Respondent shall be responsible for providing written documentation of successful completion of the course from the Director of Nursing at Warren F. Kaynor Regional Vocational-Technical School to the Department at the address listed in paragraph 4L below not later than March 15, 1996.
3. That if respondent does not successfully and timely complete the nursing refresher course described above, respondent will not be issued a full and unrestricted license.
4. That while respondent holds the time-restricted and practice-restricted license described above, she shall comply with the following additional terms and conditions:

A. At her own expense she shall engage in therapy and counseling with Shirley S. Barrett, CADC/ACAC II, or other licensed or certified therapist approved by the Department.

- (1) She shall provide a copy of this Stipulated Agreement to her therapist and her probation officer.
- (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 Stipulated Agreement within fifteen (15) days of the effective date of this Stipulated Agreement.
- (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 4B(1) below, and by providing the reports described in paragraph 4B(1) below.
- (4) The therapist shall immediately notify the Department in writing if respondent discontinues therapy and/or terminates his or her services.

B. She shall not obtain for personal use and/or use alcohol, controlled substances or legend drugs, including, but not limited to, cocaine and/or

crack cocaine, that have not been prescribed for her for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.

- (1) At her own expense, she shall submit to random observed urine screens for drugs and alcohol at a testing facility approved by the Department as ordered by her probation officer, therapist and/or personal physician. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by respondent's probation officer, therapist or personal physician or by the testing laboratory. If respondent's probation officer orders said urine screens, said probation officer also shall forward copies of the above-referenced laboratory reports to respondent's therapist. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.
- (2) She shall be responsible for notifying the laboratory, her probation officer, therapist, and the Department of any drug(s) she is taking.
- (3) There must be at least one such observed random alcohol/drug screen and accompanying laboratory report every week while respondent's time restricted, practice-restricted license remains valid.
- (4) All screens shall be negative for the presence of drugs and alcohol.
- (5) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
- (6) Respondent is hereby advised that the ingestion of poppy seeds has, from time to time, been raised as a defense to a positive screen result for morphine and/or opiates. For that reason, respondent

agrees to refrain from ingesting poppy seeds in any food substances. 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.

- C. Respondent shall be responsible for the provision of monthly written reports from her therapist directly to the Department. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of her drug and alcohol free status as established by the observed random urine screens for drugs and alcohol, an evaluation of her ability to safely and competently practice nursing, and copies of all laboratory reports.
- D. Notwithstanding the foregoing, respondent's probation officer, and/or therapist shall immediately report to the Department any confirmed positive alcohol/drug screen and 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 attend "anonymous" or support group meetings on an average of twelve (12) times per month, and provide monthly reports to the Department concerning her record of attendance. Said reports shall be issued to the Department at the address cited in paragraph 4L below.
- F. Respondent shall provide a copy of this Stipulated Agreement to the Director of Nursing for the facility at which she is participating in the nursing refresher course, and said Director of Nursing shall furnish the Department with confirmation that he or she has received the same within fifteen (15) days of the effective date of this Stipulated Agreement.

- G. Respondent shall be responsible for the provision of monthly written reports directly to the Department from the aforementioned Director of Nursing. Such 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 4L below.
- H. Respondent shall not administer, count, or have access to narcotics or other controlled substances, or have responsibility for such activities during the nursing refresher course referenced above, unless she is directly supervised by a licensed registered nurse or other licensed health care professional authorized to administer narcotics or other controlled substances.
- I. Respondent shall notify the Department in writing of any change of employment within fifteen (15) days of such change.
- J. Respondent shall notify the Department of any change in her home or business address within fifteen (15) days of such change.
- K. All reports required in paragraphs 4C, 4G and 4E are due according to the following schedule:

Monthly reports are due on the tenth business day of every month commencing with the reports due October, 1995.

- L. All correspondence and reports shall be addressed to:

Joseph J. Gillen, Ph.D, Section Chief
Medical Quality Assurance
Department of Public Health
150 Washington Street
Hartford, CT 06106

- 5. That in the event respondent complies with all of the terms and conditions set forth in paragraphs 1 through 4 above, and satisfactorily completes the nursing

refresher course described in paragraph 1 above, the Department shall issue respondent a license that is not time-restricted or practice-restricted. However, such license shall be on probation for a period of four (4) years from the date of issuance, subject to the following terms and conditions:

A. During the term of probation, respondent shall continue to comply with the terms of paragraphs 4A through J, inclusive, with the following modifications:

- (1) She shall submit to random observed urine screens as required in paragraph 4B(1), except that such screens shall be performed at the following frequency during the probationary period: respondent shall submit to one such screen each week during the first year of the probation; she shall submit to two such screens each month during the second and third years of probation; she shall submit to one such screen every month for the first six months of the fourth year of probation; and, she shall submit to two such screens per month during the last six months of probation. There shall be an accompanying lab report for each such screen.
- (2) Respondent shall provide a copy of this Stipulated Agreement to her nursing supervisor (e.g. Director of Nursing) at each facility where she is employed during the term of probation, and her supervisor shall furnish the Department with confirmation that he or she has received the same within fifteen (15) days of the date respondent begins employment.
- (3) Respondent shall be responsible for the provision of written reports directly to the Department from her nursing supervisor; monthly for

the first year of probation; and, quarterly for the remainder of probation. Such reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Department at the address listed in paragraph 5A(4) below.

- (4) All correspondence and reports during the term of probation shall be addressed to:

Bonnie Pinkerton, R.N.
Department of Public Health
150 Washington Street
Hartford, CT 16106

- (5) 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 months of probation.

B. During the entire term of probation, 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.

6. That in the event respondent is unemployed as a nurse in the State of Connecticut for a period of thirty (30) consecutive days or longer, or is employed as a nurse less than twenty (20) hours per week, respondent shall so notify the Department in writing. Such periods shall not be counted in reducing the probation period covered by this Stipulated Agreement.
7. That 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.

8. That legal notice of any action shall be deemed 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 this Stipulated Agreement is effective when accepted and approved by a duly appointed agent of the Department.
10. That respondent understands this Stipulated Agreement is a matter of public record.
11. That respondent understands this Stipulated Agreement may be considered as evidence of the above admitted violations in any proceeding before the Board in which (1) her compliance with this same Stipulated Agreement is at issue, or (2) her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.
12. That, in the event respondent violates any term of this Stipulated Agreement, respondent agrees immediately to refrain from practicing as a licensed practical nurse, upon request by the Department, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period

shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that her failure to cooperate with the Department's investigation shall constitute an admission that her conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c).

11. That, in the event respondent violates any term of this Stipulated Agreement, said violation may also constitute grounds for the Department to seek a summary suspension of her license before the Board of Examiners for Nursing.
12. That this Stipulated Agreement and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, this Stipulated Agreement 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 respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
13. That respondent has had the opportunity to consult with an attorney prior to signing this document.

*

*

I, Carla Wright, have read the above Stipulated Agreement, and I agree to the terms set forth therein. I further declare the execution of this Stipulated Agreement to be my free act and deed.

Carla M. Wright
Carla Wright

Subscribed and sworn to before me this

11 day of Sept 1995.

Frederic W. Perry
Notary Public or person authorized
by law to administer an oath or
affirmation
Comm Expires 6/30/2000

The above Stipulated Agreement having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 12th day of September 1995, it is hereby accepted.

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

cert mail# 2015 243 463 (5/196)

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH AND ADDICTION SERVICES
BUREAU OF HEALTH SYSTEM REGULATION



March 1, 1996

Carla M. Wright
23 Lincoln Street
Hartford, CT 06106

Dear Ms. Wright:

This is to notify you that you have satisfied the terms of the Stipulated Agreement entered into with the Department of Public Health on September 12, 1995, pursuant to which your restricted license as a Practical Nurse was reinstated.

Accordingly, please be advised that your license to practice as a Practical Nurse has been reinstated and shall be on probation for a period of four (4) years from the date of issuance. The license #013126 is effective as of the date of this letter.

You will receive your license in approximately eight (8) weeks, at the address shown above. Full instructions regarding future renewal will also be enclosed.

Please be advised that your license must be renewed annually during your month of birth. The first renewal is due at the end of your first birth month following the month in which you are being issued this license; the full renewal fee must be paid regardless of your initial date of licensure. Failure to renew your license within ninety (90) days of the due date will result in your license becoming void. In that event, relicensure would require a new application and fee to the Department, and a review of all credentials to determine whether you satisfy current licensure requirements. It is your responsibility to keep this Department informed of any name or address changes; failure to do so may jeopardize the status of your license.

I trust this is helpful to you. Best wishes for your professional endeavors in Connecticut.

Respectfully,

A handwritten signature in cursive script that reads "Debra L. Johnson".

Debra L. Johnson
Health Program Associate
Applications, Examinations and Licensure

cc: ✓ Deb Tomassone, Chief, Licensure and Registration
Kathleen Vella, Attorney, Public Health Hearing Office
Bonnie Pinkerton, Nurse Consultant

DLJ:cas
9091V/46



Phone:
Telecommunication Device for the Deaf: (203) 566-1279
150 Washington Street — Hartford, CT 06106
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STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

April 25 2000

Carla Wright, LPN
35 Ginger Lane, Apt. 324
East Hartford, Connecticut 06118-1206

Re: Stipulated Agreement
Petition No. 950516-011-013
License No. [REDACTED] 13126
DOB: 8-[REDACTED]

Dear Ms. Wright:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective 3/1/2000.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Stipulated Agreement.

Thank you for your cooperation during this process.

Very truly yours,

A handwritten signature in cursive script that reads "Bonnie Pinkerton".

Bonnie Pinkerton, RNC
Division of Health Systems Regulation

cc: D. Tomassone
J. Wojick



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
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