

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. P 049 597 991

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

In re: Andrea Byrnes

Petition No. 921207-11-030

CONSENT ORDER

WHEREAS, Andrea Byrnes of Bethel, Connecticut (the Respondent) has applied for reinstatement of her licensure to practice as a licensed practical nurse (LPN) to the Department of Health Services (the Department) pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and

WHEREAS, the Respondent hereby admits and acknowledges that:

1. On 7 June 1979 the Oklahoma Board Nurse Registration and Nursing Education issued her LPN license L0015937.
2. The Connecticut Department of Health Services issued her LPN license number E16230 which expired on 10 January 1981.
3. In July of 1982 while employed as an LPN at St. Francis Hospital in Tulsa, Oklahoma, the Respondent diverted controlled substances from the hospital pharmacy as a consequence of which she was asked to resign.
4. During the month of August 1983 while employed as an LPN at Franklin Memorial Hospital, Broken Arrow, Oklahoma, the Respondent diverted the controlled substances Demerol and Darvocet from the Hospital inventory.
5. On 4 November 1984 based on the conduct referenced in paragraph 3 above, the Oklahoma Board of Nurse Registration and Nursing Education issued a Stipulation Settlement and Order revoking the Respondent's LPN license.

6. From 1982 and to the present date the Respondent has not held employment as a licensed practical nurse.
7. By her actions as set forth in paragraphs 3 and 4 above the Respondent has committed acts which fail to conform to the accepted standards of licensed practical nurses and she is subject to licensure denial under 19-14 of the Connecticut General Statutes, and

WHEREAS, in 1992 the respondent applied to the Oklahoma Board of Nursing for reinstatement of her license as a licensed practical nurse and on January 30, 1992 the Oklahoma Board of Nursing issued a Stipulated Settlement and Order, (Exhibit A attached hereto and made a part thereof) reinstated her license to practice as a licensed practical nurse subject to enumerated conditions, one of which is that within four (4) years of the order of reinstatement she must finish an LPN refresher course with a clinical component and

WHEREAS, the Respondent is presently enrolled at Kaynor Technical School, Waterbury, Connecticut in a one hundred twenty (120) hour LPN refresher course all phases of which she has completed with the exception of the sixty (60) hour clinical component which component commences 25 January 1993 and concludes 3 March 1993; and

WHEREAS in order to participate in and complete such clinical component the Respondent must have a valid licensed practical nurse license.

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

1. She waives the right to a hearing on the merits of this matter.
2. Subject to completion of all requirements for licensure with the Department, the respondent shall be issued a restricted license as defined hereinafter, as a licensed practical nurse. The restricted license referenced in this reinstatement agreement and consent order

shall be a practice-limited and time-limited license. It shall be used by the respondent only to fulfill the terms and conditions of this agreement. It shall become valid on 23 January 1993 and void on 3 March 1993, 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. Until the respondent is notified in writing by the Department that the terms of this agreement have been met and full and unrestricted licensure has been issued, the restricted license will be used for the sole purpose of participating in a nursing refresher course.
 - B. The respondent shall successfully complete a nursing refresher course at Kaynor Technical School by 3 March 1993.
 - C. The respondent shall be responsible for having certified documentation of successful completion of the course issued by Kaynor Technical School to the address listed in paragraph 11 below not later than 17 March 1993.
3. If the respondent does not successfully and timely complete the nursing refresher course described above the respondent will not be issued a full and unrestricted license.
 4. Upon certified documentation of successful completion of all components of the refresher course referenced in the preamble above, the respondent will be issued a license as a licensed practical nurse.

5. The license referenced in paragraph 4. above shall be suspended for a period of two years upon issuance. Suspension shall be stayed immediately and she shall be on probation for a period of two (2) years.

6. Her probation is subject to the following conditions:

A. 1.) She shall engage in counseling with a licensed or certified therapist approved by the Department during her probation, with the frequency of sessions to be determined by the therapist. Counseling shall be at her own expense.

2.) She shall provide a copy of this Consent Order to her therapist.

3.) She shall be responsible for the provision of monthly reports from her therapist; said reports are due on the first business day after every month.

4.) She shall be responsible for providing random, observed urine and/or random blood screens at the discretion of her therapist for the period of probation for controlled substances, including but not limited to demerol, percocet and morphine, and alcohol. Said screens shall be legally defensible in that the specimen donor and chain of custody can 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 controlled substance and alcohol screen per month during the period of probation or more at the discretion of her therapist. Said reports

shall be negative for controlled substances and alcohol.

5.) Said reports cited in 6.A.3. and 6.A.4. above shall include documentation of dates of treatment, an evaluation of her progress and controlled substance and alcohol free status, her participation in a 12 step program as required by 6.C.1. of this Agreement, and copies of all laboratory reports. Said reports shall be issued to the Department at the address cited in paragraph 11. below.

B. 1.) She shall not accept employment as a nurse for a personnel provider, visiting nurse agency or home health care agency.

C. 1.) She shall actively participate in Narcotics Anonymous, Alcoholics Anonymous, Nurses for Nurses or any other group for recovering professionals which utilizes the 12 step structured recovery program. Her therapist shall address her participation in the reports required under paragraphs 6.A.3. and 6.A.4. of this Agreement.

7. She shall not obtain for personal use and/or use alcohol or any controlled substance that has not been prescribed for her for a legitimate purpose by a licensed health care practitioner.
8. The Department must be informed prior to any change of employment.
9. The Department must be informed prior to any change of address.
10. She shall provide signed releases for all of her prior and current treaters as requested by the Department.

11. All correspondence and reports are to be addressed to:

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

12. Any deviation from the terms of this Consent Order without prior written approval by the Department shall constitute a violation of this Consent Order. A violation of any terms of this Consent Order shall result in the right of the Department to immediately deem the respondent's licensed practical 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 rescission of the license shall be sent by the Department to the respondent's 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.) The respondent waives any right to a hearing on the issue of violation of the terms of the Consent Order.
13. This 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. This Consent Order is effective when accepted and approved by a duly appointed agent of the Department.
15. She understands this Consent Order is a matter of public record.
16. She understands this Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Department or Connecticut Board of Examiners for Nursing (1) in which her

compliance with this same Consent 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.

17. 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.
18. She has consulted with an attorney prior to signing this document.

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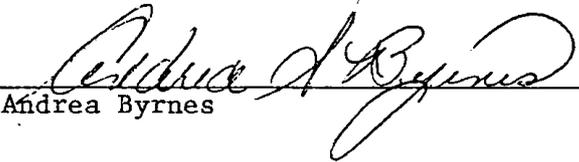
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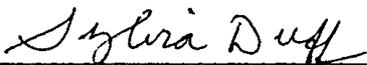
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I, Andrea Byrnes, have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

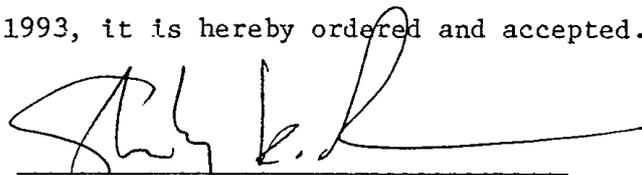

Andrea Byrnes

Subscribed and sworn to before me this 13th day of JANUARY 1993.

Subscribed and sworn to before me, a
Notary Public, in and for the County
of Fairfield
and State of Connecticut, this 13th
day of JANUARY, 1993.
Sylvia Duff
Notary Public
My Commission Expires March 31, 1995

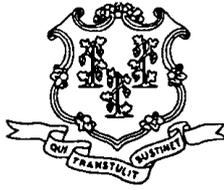

Notary Public or person authorized
by law to administer an oath or
affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 20th day of January 1993, it is hereby ordered and accepted.


Stanley K. Beck, Director
Division of Medical Quality Assurance

RAS:dm
7671Q/30-37
12/92

DT 4/4/95



STATE OF CONNECTICUT

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

March 31, 1995

~~Andrea Byrnes~~ LPN
7 Main Street
Bethel, Connecticut 06801

Re: Consent Order
Petition No. 921207-11-030
License No. ~~16230~~

Dear Ms. Byrnes:

Please accept this letter as official notification that all requirements of the above-referenced Consent Order have been met and you have ~~Completed the term of your probation.~~ Notice shall be provided to our Licensure and Renewal Section and any restrictions on your license shall be removed, effective March 17, 1995.

Please do not hesitate to call me at 566-5048 if you have any questions or concerns relating to this matter.

Congratulations and good luck to you in the future.

Very truly yours,
Bonnie Pinkerton
Bonnie Pinkerton
Nurse Consultant
Public Health Hearing Office

BEP
0639Q/81
3/95

cc: Debra Tomassone

Phone: TDD: 203-566-1279
150 Washington Street — Hartford, CT 06106
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