

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

In re: Cynthia O'Donnell, L.P.N.

Petition No. 870724-11-014

CONSENT ORDER

WHEREAS, Cynthia O'Donnell of Naugatuck, Connecticut has been issued license number 018122 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, Cynthia O'Donnell hereby admits and acknowledges that:

1. She has a history of substance abuse.
2. She is licensed as a nurse only in Connecticut and does not have licensure pending in any other state.
3. The conduct described 1. 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, Cynthia O'Donnell 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 018122 to practice as a licensed practical nurse in the State of Connecticut is on probation for three years.

3. That her probation is subject to the following conditions:

- A. 1.) She shall provide a copy of this Consent Order to her therapist.
- 2.) She shall engage in counseling with a licensed or certified therapist at her own expense.
- 3.) She shall be responsible for bi-monthly reports from her therapist for the first year of probation; said reports are due on the first business day after every second month.
- 4.) She shall be responsible for quarterly reports from her therapist for remaining two years of probation; said reports are due on the first business day after every third month.
- 5.) She shall be responsible for providing random urine or blood screens for drugs and alcohol at the discretion of her therapist. There must be at least one such drug and alcohol screen monthly for the first year of probation. There must be at least one such drug and alcohol screen quarterly for the remaining two years of probation. Said reports shall be negative for drugs and alcohol.
- 6.) Said reports cited in 3.A.3., 3.A.4. and 3.A.5. above shall include documentation of dates of treatment, an evaluation of her progress and drug free status, and copies of laboratory reports.

- B. 1.) She shall provide a copy of this Consent Order to her employer.
- 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 bi-monthly reports from her nursing supervisor (i.e. Director of Nursing) due on the first business day after every second month, for the first year of her employment during the period of her probation.
- 4.) She shall be responsible for quarterly reports from her nursing supervisor due on the first business day after every third month, for the remaining years of her employment during the period of her probation.
- 5.) Said reports shall include documentation of her ability to safely and competently practice nursing.
4. That she shall not obtain and/or use alcohol or any drug that has not been prescribed for her for a legitimate purpose by a licensed health care practitioner.
5. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of employment.
6. That the Connecticut Board of Examiners for Nursing must be informed prior to any change of address.
7. 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

8. That any deviation from the term(s) of probation 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 her registered nurse 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 revoke at a later time. The Connecticut Board of Examiners for Nursing shall not be required to grant future extensions of time or grace periods. Notice of revocation 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).
9. 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.
10. That she understands this Consent Order is a matter of public record.
11. 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.

12. 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 or 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.
13. 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.
14. That she understands that she has the right to consult with an attorney prior to signing this document.

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I, Cynthia O'Donnell, 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.

Cynthia O'Donnell
CYNTHIA O'DONNELL

Subscribed and sworn to before me this *8th* day of *March* 1988.

Brian J. D. Vito *my Commission Exp. 3/3*
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 *14th* day of *March* 1988, 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 *16th* day of *March* 1988, it is hereby ordered and accepted.

CONNECTICUT BOARD OF EXAMINERS FOR NURSING

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

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MCP:dm



STATE OF CONNECTICUT
DEPARTMENT OF HEALTH SERVICES

Rec'd
4-4-91
J
MTH
R. Hilliard

2 April 1991

Cynthia O'Donnell
93 Greenwich Street
Naugatuck, CT 06770

RE: Connecticut LPN License No. 018122

Dear Ms. O'Donnell:

Your eligibility for reinstatement from probation of your licensed practical nurse license has been reviewed, and the Board of Examiners for Nursing recommends that your license be reinstated with an effective date of April 1, 1991.

Your original license number has been reassigned to you, and will be issued following routine processing by the Department of Health Services.

Renewal of your practical nurse license is required, by law, annually during the month of your birth following the date of this letter. If the license is not renewed within ninety (90) days of the due date, it will become automatically void. This means that future reinstatement will require re-application.

State law requires you to notify this office within thirty (30) days of ANY change of address whether in or out of this state. Should you have any questions concerning this process contact this Department at 566-4979.

Sincerely,

Handwritten signature of Marie T. Hilliard in cursive.

Marie T. Hilliard, Ph.D., R.N.
Executive Officer
Board of Examiners for Nursing

MTH: jew
4290/76

cc: Richard Lynch, Assistant Attorney General
David J. Pavis, Chief, Public Health Hearing Office
John N. Boccaccio, Chief, Licensure & Registration
Joseph J. Gillen, Chief, Applications, Examinations and Licensure
Nurse Licensure, Applications, Examinations and Licensure

Phone: 566-1041
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