

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: Helen Williams, L.P.N.

Petition No. 921208-11-031

CONSENT ORDER

WHEREAS, Helen Williams, L.P.N. of Groton, Connecticut has been issued license number 023145 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, Helen Williams, L.P.N. hereby admits and acknowledges that:

1. On or about November, 1992, while working as a Licensed Practical Nurse at Seaside Regional Center in Waterford, Connecticut she diverted ten (10) Atarax tablets from a patient's supply without authorization, for her personal use;
2. On or about November 23, 1993, she operated a motor vehicle while under the influence of alcohol;
3. She is an alcoholic and actively used alcohol in November of 1992;
4. She is licensed as a nurse only in Connecticut and does not have licensure pending in any other state;
5. The conduct described in 1., 2. and 3. 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, Helen Williams, L.P.N. 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 023145 to practice as a licensed practical nurse in the State of Connecticut is on probation for three (3) 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 for the entire period of probation.
  - 3.) She shall be responsible for the provision of bi-monthly reports from her therapist for the first year of her probationary period and quarterly reports for the second and third years;
    - i. The first year bi-monthly reports are due on the first business day of January, March, May, July, September and November. Bimonthly reports shall commence with the report due July 1, 1993.
    - ii. The second and third year quarterly reports are due on the first business day of January, April, July and October. Quarterly reports shall commence with the report due July 1, 1994.
  - 4.) She shall be responsible for providing random urine and/or blood 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 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 drug and

alcohol screen bi-monthly for the first year of probation and at least quarterly for the second and third years of probation. Said reports shall be negative for the presence of drugs and alcohol.

5.) Said reports cited in 3.A.3. 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 7. below.

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, visiting nurse agency or home health care agency 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 of January, March, May, July, September and November for the first year of her employment during the period of her probation. Bi-monthly reports shall commence with the report due July 1, 1993.

4.) She shall be responsible for the provision of quarterly reports from her nursing supervisor due on the first business day of January, April, July, and October for the remaining years of her employment during the period of her probation. Quarterly reports shall commence with the report due July 1, 1994.

- 5.) Said reports cited in 3.B.3 and 3.B.4 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 7. below.
  
4. 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.
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. The parties stipulate that any violation of the terms of this Consent Order authorizes the Department to seek a summary suspension of the respondent's license. The respondent specifically waives the provisions of Connecticut General Statutes §4-182(c) which requires a finding of an emergency before summary action can be taken. The respondent agrees that any violation of the terms of this Consent Order will constitute grounds for summary action. 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 future 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). That her license shall be suspended from the date the notification of the alleged violation of probation is mailed until the decision of the Connecticut Board of Examiners for Nursing on the violation of probation.

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 and 368a of the General Statutes of Connecticut, 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 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 she has the right to consult with an attorney prior to signing this document.

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I, Helen Williams, L.P.N., 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.

Helen A. Williams L.P.N.  
Helen Williams

Subscribed and sworn to before me this 29th day of April 1993.

State of Connecticut  
County of New London

ss: Groton

M. Michel Judd  
Notary Public or person authorized  
by law to administer an oath or  
affirmation

My Commission Expires Mar. 31, 1994

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Health Services on the 6<sup>th</sup> day of May 1993, 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 13 day of May 1993, it is hereby ordered and accepted.

BY:

Janice A. Thibodeau  
Connecticut Board of Examiners for Nursing

**STATE OF CONNECTICUT**

DEPARTMENT OF PUBLIC HEALTH



November 1, 1996

Helen Williams  
879 Pleasant Valley North  
Groton, CT 06340

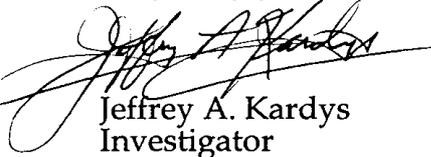
RE: Licensed Practical Nurse License No. 023145

Dear Ms. Williams:

Please be advised that you have fulfilled the terms of probation of your licensed practical nurse license. The probationary status of your license will be removed with an effective date of November 1, 1996.

Should you have any questions concerning this matter, please contact me at 860-509-7600.

Very truly yours,

  
Jeffrey A. Kardys  
Investigator  
Legal Office - Monitoring & Compliance

JAK:  
PROBEND.DOC

cc: ✓ Debra Tomassone, Chief, Licensure & Registration  
Donna Buntaine Brewer, Chief, Legal Office  
Application File, Applications, Examinations & Licensure Section



Phone: 860-509-7600 FAX 860-509-7650  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12 LEG  
P.O. Box 340308 Hartford, CT 06134  
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