

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. _____

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

In re: ~~Sarah E. Thoms~~, L.P.N.
34 A Nanel Drive
Glastonbury, CT 06033

Petition No. 940803-11-035

CONSENT ORDER

WHEREAS, Sarah E. Thoms, L.P.N., of Glastonbury, Connecticut (hereinafter "respondent") has been issued license number 023640 to practice as a licensed practical nurse by the Department of Public Health and Addiction Services (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits and acknowledges that:

1. Respondent suffers from a mental illness and/or emotional disorder;
2. On or about June 21, 1994, while working as a licensed practical nurse at Bidwell Health Care Center, Manchester, Connecticut, respondent diverted Prozac from facility stocks for her own use;
3. Respondent diverted the Prozac because she had forgotten to take her own physician-prescribed dosage of Prozac that morning before coming to work.
4. The conduct described in paragraphs 1 and 2 above constitutes grounds for disciplinary action pursuant to Connecticut General Statutes §20-99(b);
5. Respondent is licensed as a nurse only in Connecticut and does not have licensure pending in any other state.

NOW THEREFORE, pursuant to §19a-17 and §20-99(a) of the General Statutes of Connecticut, Sarah E. Thoms, L.P.N., hereby stipulates and agrees to the following:

1. That respondent waives her right to a hearing on the merits of this matter.
2. That respondent shall comply with all federal and state statutes and regulations applicable to her profession.
3. That respondent's license number 023640 to practice as a licensed practical nurse in the State of Connecticut is hereby placed on ~~probation~~ for two (2) years, subject to the following terms and conditions:
 - A. She shall engage in therapy at her own expense with a licensed psychologist or psychiatrist (hereinafter "therapist") approved by the Connecticut Board of Examiners for Nursing (hereinafter "the Board") and the Department.
 - (1) She shall provide a copy of this Consent Order to her therapist.
 - (2) Her therapist shall furnish written confirmation to the Board and the Department of his or her engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
 - (3) If respondent's therapist determines that therapy is no longer therapeutically necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, he or she shall advise the Board and the Department, and the Board, after consultation with the Department, shall pre-approve said termination of therapy, reduction in frequency

of 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 compliance with her medication regime and provide the reports described in paragraph 3C below.

(4) The therapist shall immediately notify the Board and the Department in writing if respondent discontinues therapy and/or terminates his or her services.

C. Respondent shall be responsible for the provision of written reports from her therapist directly to the Board and the Department every other month for the duration of the probationary period. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of her compliance with her medication regime, an evaluation of her ability to safely and competently practice nursing, and copies of all laboratory reports of prescribed medication levels.

D. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Board and the Department any confirmed laboratory report indicating that respondent is not complying with her medication regime, 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 provide a copy of this Consent Order to all current and future employers for a period of one year commencing on the effective date of this Consent Order.
- F. Respondent shall be responsible for the provision of written reports directly to the Board and the Department from her nursing supervisor (i.e., Director of Nursing) every other month for the first year of her probation. Employer reports shall include documentation of respondent's ability to safely and competently practice nursing, and shall be issued to the Board and the Department at the address cited in paragraph 3J below.
- G. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change.
- H. Respondent shall notify the Board and the Department of any change in her home or business address within fifteen (15) days of such change.
- I. All reports required in paragraphs 3C and 3F are due on the tenth business day of every other month commencing with the reports due March 1, 1995.
- J. All correspondence and reports shall be addressed to:

Dr. Marie T. Hilliard, Executive Director
Office of the Board of Examiners for Nursing
Department of Public Health and Addiction Services
150 Washington Street
Hartford, CT 06106

- 4. That any violation of the terms of this Consent Order without prior written approval by the Board and the Department shall constitute grounds

for the Board to revoke respondent's nursing license following notice and an opportunity to be heard.

5. That, in the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of her license before the Connecticut Board of Examiners for Nursing.
6. That any extension of time or grace period for reporting granted by the Board shall not be a waiver or preclude the Board's right to take action at a later time. The Board shall not be required to grant future extensions of time or grace periods.
7. 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 Renewal Section of the Division of Medical Quality Assurance, Department of Public Health and Addiction Services.
8. That this Consent Order is effective on the first day of the month immediately following the month in which this Consent Order is approved and accepted by the Board.
9. That respondent understands this Consent Order is a matter of public record.
10. That respondent understands this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Board in which (1) her compliance with this same Consent Order is at issue, or (2) her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.

11. 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, this Consent 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 respondent of any other rights that she may have under the laws of the State of Connecticut or of the United States.
12. That respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board and/or to any of its representatives including one or more members of the Board. Respondent understands that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted.
13. That respondent has consulted with an attorney prior to signing this document.

I, Sarah E. Thoms, 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.

Sarah Thoms
Sarah E. Thoms, L.P.N.

Subscribed and sworn to before me this 4th day of January, 1994.

Michael Detred
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 Public Health and Addiction Services on the 11th day of January, 1994, 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 25 day of January, 1994, it is hereby ordered and accepted.

BY: Janice Thibodeau
Connecticut Board of Examiners for Nursing



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

March 10, 1997

Sara Thoms
34-A Nanel Drive
Glastonbury, CT 06516

RE: Licensed Practical Nurse License No. 023640

Dear Ms. Thoms:

Please be advised that the probation of your licensed practical nurse license has concluded. The probationary status of your license will be removed effective the date of this letter.

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

Very truly yours,

Jeffrey A. Kardys
Special Investigator
Legal Office - Monitoring & Compliance

JAK:

PROBEND.DOC



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