CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO._____

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

In re: Betty Cadore, L.P.N.
62 Center Street
Bridgeport, CT 06604

Petition No. 950823-11-024

CONSENT ORDER

WHEREAS, Betty Cadore of Bridgeport, Connecticut (hereinafter "respondent") has been issued license number 023683 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, 1994, 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. During 1994, until the present, she practiced without a Connecticut license as a licensed practical nurse within the State of Connecticut;
2. That the conduct described in paragraph 1 above fails to conform to the accepted standards for a licensed practical nurse in violation of Connecticut General Statutes Sections 19a-88 .

NOW THEREFORE, pursuant to §§19a-14, and 20-99 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 when she satisfies the requirements for reinstatement of licensure as a licensed practical nurse as set forth in Sections 19a-14-1 through 19a-14-5 of the Public Health Code of the State of Connecticut, her license to practice as a licensed practical nurse will be reinstated.
3. That she shall pay a civil penalty of one hundred fifty dollars ($150.00) by certified or cashier's check payable to "Treasurer, State of Connecticut". Said civil penalty shall be payable at the time respondent submits the executed Consent Order to the Department.
4. That respondent shall comply with all federal and state statutes and regulations applicable to her license.
5. That respondent shall notify the Department of any change(s) in her employment within fifteen (15) days of such change.
6. That respondent shall notify the Department of any change in her home and/or business address within fifteen (15) days of such change.
7. That legal notice shall be 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.
8. 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 in which(1) her compliance with this Consent Order is at issue, or (2) her compliance with Sections 19a-14 and 20-99 of the Connecticut General Statutes as amended, is at issue.

9. 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 Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the Connecticut General Statutes 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.

10. That this Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the the Department at any time prior to its being executed by the last signatory.

11. That this Consent Order is effective when accepted and approved by a duly appointed agent of the Department.

12. That she has the right to consult with an attorney prior to signing this document.

13. That this Consent Order is a matter of public record.

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

Betty Cadore L.P.N
Betty Cadore, L.P.N.

Subscribed and sworn to before me this 12th day of October 1995.

My Commission Expires October 27 1997
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 on the 13th day of October 1995, it hereby ordered and accepted.

Stanley K. Peck, Director
Division of Medical Quality Assurance

JCG
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