

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: Nancy Fingon
Applicant for L.P.N. Licensure

Petition No. 900621-11-018

PRELICENSURE CONSENT ORDER

WHEREAS, Nancy Fingon of Connecticut has made application to be licensed 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, Nancy Fingon hereafter referred to as the Respondent, hereby admits and acknowledges that:

1. She has had a substance abuse problem.
2. By her conduct described in 1. above, she is subject to denial of licensure by the Department of Health Services under §19a-14 of the Connecticut General Statutes.

NOW THEREFORE, pursuant to §19a-14 and §19a-17 of the General Statutes of Connecticut, Nancy Fingon hereby stipulates and agrees to the following:

1. That she waives the right to a hearing on the merits of this matter.
2. That subject to her completing all requirements for licensure with the Connecticut Department of Health Services, she shall be licensed as a practical nurse and that license will be on probation for three years.

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

- A. 1.) She shall be responsible for providing random urine and/or blood screens for drugs and alcohol at the discretion of a therapist, a physician or an Employee Assistance Program whom she retains to arrange and report such random screening. She shall be responsible for notifying the laboratory, and the therapist, the physician or the Employee Assistance Program she retains and the Department of Health Services of any drug(s) she is taking. There must be at least one such drug and alcohol screen weekly for the first year of probation. There must be at least one such drug and alcohol screen monthly for the remaining two years of probation. Said reports shall be negative for drugs and alcohol.
- 2.) Copies of all laboratory reports shall be issued to the Department at the address cited in paragraph 7. below monthly for the first year of probation and bi-monthly for the remaining two years of probation.
- 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 the provision of monthly reports from her nursing supervisor (i.e. Director of Nursing) due on the first business day after every month for the first year of her employment during the period of her probation.

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4.) She shall be responsible for the provision of bi-monthly reports from her nursing supervisor due on the first business day after every second month, for the remaining years of her employment during the period of her probation.

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 Department of Health Services 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 Department of Health Services must be informed prior to any change of employment.
6. That the Department of Health Services must be informed prior to any change of address.
7. That all correspondence and reports are to be addressed to:

Carol Thibeault
Office of Administration
Department of Health Services
150 Washington Street
Hartford, CT 06106

8. 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

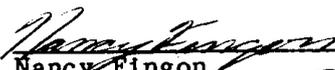
term(s) of probation specified in paragraphs 3., 4., 5., or 6. above shall result in the right of the Department of Health Services to immediately revoke or take other disciplinary action as cited in Connecticut General Statutes §19a-17 against her nursing license. Any extension of time or grace period for reporting granted by the Department of Health Services shall not be a waiver or preclude the Department's right to take action at a later time. The Department of Health Services 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.

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 Department of Health Services.
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 Department of Health Services or 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 rights that she may have under the laws of the State of Connecticut or of the United States.

13. That this Consent Order is a revocable offer which may be modified in writing by mutual agreement or withdrawn by the Department of Health Services at any time prior to its being executed by the last signatory.
14. That she understands she has the right to consult with an attorney prior to signing this document.

I, Nancy Fingon, 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.



Nancy Fingon

Subscribed and sworn to before me this

11th day of

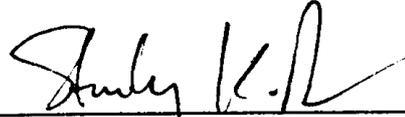


1990.

~~Notary Public~~ of 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 21st day of

June 1990, it is hereby accepted.



Stanley K. Peck, Director
Division of Medical Quality Assurance

MCP:pf
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