

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES**

In Re: Catherine Ford, LPN

Petition No. 2000-0523-011-015

CONSENT ORDER

WHEREAS, Catherine Ford (hereinafter "respondent") of East Hampton, Connecticut, has been issued license number 026858 to practice as a licensed practical nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. In March 2000, E.L. was a resident of Cobalt Lodge Health and Rehabilitation Center which is located in Cobalt, CT. She had a diagnosis of multiple sclerosis and was completely dependent upon staff for all of her activities of daily living, including bed mobility. Her care plan required checking and repositioning every two hours.
2. On March 13, 2000, at approximately 9:30 p.m. Ms L. was placed upon a bedpan. Ms. L. fell asleep and remained on the bedpan until approximately 10:30 a.m. the next morning.
3. Respondent was the charge nurse on the 11 p.m. to 7 a.m. shift on the evening of March 13, 2000, through the morning of March 14, 2000, assigned to the unit on which Ms L. resided. Throughout that period she failed to reposition the resident. She noted in the nursing notes that she checked the resident's Duoderm bandage that was applied to the resident's coccyx area, which she had not actually done. Her belief was that the nurse aides had done so.

ORIGINAL

4. At approximately 10:30 a.m. on March 14, 2000, a nurse aide discovered that Ms. L. was still on the bedpan. From the prolonged period she lay upon the bedpan, the resident sustained a severe pressure area in the shape of the bedpan which measured 3 cm. x 20cm on each side of the buttocks and coccyx area. Open areas measuring 3 cm. x 9 cm. on the right side of her buttocks and 2 cm. x 3 cm. at the coccyx were identified.
5. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, 20-99(b)(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations at a hearing in front of the Board of Examiners for Nursing (hereinafter "the Board").

While she does not admit to having violated any statute or regulation, including but not limited to §20-99(b) of the General Statutes of Connecticut, she agrees that this Consent Order shall have the same effect as if ordered after a full hearing pursuant to §§19a-9, 19a-10, and 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, respondent hereby stipulates and agrees to the following:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall comply with all federal and state statutes and regulations applicable to her profession.
3. Respondent shall pay a civil penalty in the amount of five hundred (\$500) dollars by certified or cashier's check payable to "Treasurer, State of Connecticut. The check shall reference the

Petition Number on the face of the check, and shall be payable by the end of the third month of probation.

4. Respondent's license number 026858 to practice as a practical nurse in the State of Connecticut is hereby placed on probation for one (1) year, subject to the following terms and conditions:
 - A. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of her probation if employed as a nurse during the probationary period. The Board and the Department shall be notified in writing by any employer(s) within fifteen (15) days of the commencement of employment as to the receipt of a copy of this Consent Order.
 - B. 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) monthly for the duration of her probationary period. 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 3G below.
 - C. Respondent shall not accept employment as a nurse for a personnel provider service, Assisted Living Services Agency, Homemaker - Home Health Aide Agency, or home health care agency, and shall not be self-employed as a nurse for the period of her probation.
 - D. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change.
 - E. Respondent shall notify the Board and the Department of any change in her home or business address within fifteen (15) days of such change.

F. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.

G. All correspondence and reports shall be addressed to:

Bonnie Pinkerton
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

5. Any violation of the terms of this Consent Order without prior written approval by the Board shall constitute grounds for the Department to seek revocation of respondent's nursing license following notice and an opportunity to be heard.
6. 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. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to the Licensure and Registration Section of the Division of Health Systems Regulation of the Department.
8. 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. Respondent understands this Consent Order is a matter of public record.
10. The Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Board in which (1) her compliance with this same order is at issue, or (2) her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.

11. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a licensed practical nurse, upon request by the Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that her failure to cooperate with the Department's investigation shall be considered by the Board and shall be given due weight by the Board in determining whether respondent's conduct constitutes a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Board has complete and final discretion as to whether a summary suspension is ordered.
12. 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 respondent's license before the Board.
13. 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 respondent may have under the laws of the State of Connecticut or of the United States.

14. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Board. The Department and respondent understand that the Board has complete and final discretion as to whether an executed Consent Order is approved or accepted.
15. Respondent has had the opportunity to consult with an attorney prior to signing this document.

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

Catherine Ford
Catherine Ford

Subscribed and sworn to before me this 7 day of November, 2000.

[Signature]
Notary Public or person authorized
by law to administer an oath or affirmation
Comm. of Superior Ct

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 November, 2000, it is hereby accepted.

Kathleen Zarrella
Kathleen Zarrella, Director
Division of Health Systems Regulation

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 6th day of December, 2000, it is hereby ordered and accepted.

BY: Mary Ellen O'Sullivan
Connecticut Board of Examiners for Nursing

RAS/Ford/legal/CO/10/03/00



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

January 7, 2002

Catherine Ford, LPN
1160 South Main Street
Apt. #417, Building #1
Middletown, CT 06457

Dove
1/9/02

Re: Consent Order
Petition No. 2000-0523-011-015
License No. 026858
DOB: 3/10/62

Dear Ms. Ford:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective January 1, 2002.

Notice will be sent to the Department's Licensure and Registration section to remove all restrictions from your license related to the above-referenced Consent Order.

Please be certain to retain this letter as documented proof that you have completed your license probation.

Thank you for your cooperation during this process.

Very truly yours,

Bonnie Pinkerton, RNC
Division of Health Systems Regulation

cc: J. Filippone
J. Wojick



Phone: (860) 509-7400
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12HSR
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer