11-026866

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

August 31, 2007

Joanne Foreman, LPN
36 Kenilworth Drive
Killingworth, CT 06419

Re: Consent Order
Petition No. 2003-0421-011-015
License No. 026866

Dear Ms. Foreman:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective August 1, 2007.

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 in this process, and good luck to you in the future.

Very truly yours,

Bonnie Pinkerton

Bonnie Pinkerton, RN, Nurse Consultant
Practitioner Licensing and Investigations Section

cc: J. Filippone
J. Wojick

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STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTHCARE SYSTEMS

In re: Joanne Foreman Petition No. 2003-0421-011-015

REINSTATEMENT CONSENT ORDER

WHEREAS, Joanne Foreman of Killingworth (hereinafter "respondent") has been issued license number 026866 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, respondent voluntarily surrendered her license on January 3, 2001, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter 368a of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent hereby admits as follows:

1. At all relevant times, respondent was employed as a pool nurse by Nurse Service, Inc., in Saybrook, Connecticut.
2. On September 1, 2000 at approximately 5:30 p.m., while working as the medication nurse at Bayview Health Care Center in Waterford, respondent was observed to be "dizzy", "out of it" and staggering while on duty.
3. At approximately 8:00 p.m. on September 1, 2000, the charge nurse observed that respondent's eyes were bloodshot and glassy and her speech was slurred. A change of shift count of controlled substances revealed that two Percocet tablets were missing from a patient's blister

pack. Respondent claimed that she gave the medication to the patient but neglected to record the medication in the Controlled Substance Disposition Record. The patient denied having received such medication.

4. On September 1, 2000, as respondent left Bayview Health Care Center, respondent was observed to stagger out of the building, nearly hit a car and drive over a curb.

5. In approximately September and October of 2000, respondent was also employed at Mariner at Pendleton Nursing Center in Mystic.

6. Following a review of respondent's handling and administration of controlled substances at Mariner at Pendleton, numerous discrepancies were discovered.

7. On or about October 7, 2000, respondent admitted to Drug Control agents that she had been diverting Ativan, Percocet and Darvocet for approximately two months.

8. The above-described facts constitute grounds for denial of respondent's application for reinstatement pursuant to §19a-14(a)(6) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-99(b) of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. She waives her right to a hearing on the merits of this matter.

2. Respondent's license to practice as a licensed practical nurse shall be reinstated when she satisfies the requirements for reinstatement of her license, as set forth in §§ 19a-14-1 through 19a-14-5, inclusive, of the Regulations of Connecticut State Agencies, and this Reinstatement Consent Order is executed by all parties. Once said requirements are satisfied, respondent shall not practice licensed practical nursing until the Department's Office of Practitioner Licensing and Certification issues her license.

3. Respondent shall comply with all federal and state statutes and regulations applicable to her license.

4. Immediately upon issuance, respondent's license shall be placed on probation for four years, subject to the following terms and conditions:

   A. At her own expense, she shall engage in therapy and counseling with a Connecticut licensed or certified therapist (hereinafter "therapist") approved by the Board and the Department for the entire probationary period.

      (1) She shall provide a copy of this Reinstatement 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 Reinstatement Consent Order within fifteen (15) days of the effective date of this Reinstatement Consent Order.

      (3) If respondent's therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy is warranted, or that respondent should be transferred to another therapist, he or she shall advise the Board and the Department. Said termination of therapy, reduction in frequency of therapy, and/or respondent's transfer to another therapist shall not occur until approved by the Board after consultation with the Department. However, if therapy is terminated with approval of the Board, respondent's therapist shall continue to monitor her alcohol and drug free status by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph 4B below, and by providing the reports described in paragraph 4C below.

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

B. Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications.

(1) At her own expense, she shall submit to observed random urine screens for drugs and alcohol, in accordance with Department Requirements for Drug and Alcohol Screens, (attached hereto marked as "Attachment A: Department Requirements for Drug and Alcohol Screens") at a testing facility approved by the Board, after consultation with the Department, as ordered by her therapist and/or personal physician. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Board and the Department by respondent's therapist or personal physician or by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.

(2) Respondent shall be responsible for notifying the laboratory, her therapist, the Board, the Department and her prescribing practitioner of any drug(s) she is taking. For the prescription of a controlled substance(s) for more than two consecutive weeks, the respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports until such time as the

controlled substance(s) are not prescribed by the provider to the Board and the Department, documenting the following:

1. A list of controlled substances prescribed by this provider for the respondent;
2. A list of controlled substance(s) prescribed by other providers;
3. An evaluation of the respondent's need for the controlled substance;
4. An assessment of the respondent's continued need for the controlled substance(s).

(3) There must be at least one such observed random alcohol/drug screen and accompanying laboratory report every week for the first two years of probation; and at least two such screens and reports per month for the remainder of the probationary period.

(4) All screens shall be negative for the presence of drugs and alcohol.

(5) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.

(6) Respondent is hereby advised that the ingestion of poppy seeds and mouthwash has, from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances or mouthwash during the term of this Reinstatement Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such a screen.

C. Respondent shall be responsible for the provision of monthly written reports from her therapist directly to the Board and the Department for the entire probationary period. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of her drug and alcohol free status as established by the observed random urine screens for drugs and alcohol, an evaluation of her ability to safely and competently practice nursing, and copies of all laboratory reports.

D. Notwithstanding the foregoing, respondent's therapist shall immediately report to the Board and the Department any confirmed positive alcohol/drug screen 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 Reinstatement Consent Order to all current and future employers for the duration of her probation.

F. Respondent shall not be employed 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.

G. Respondent shall not administer, count, or have access to narcotics or other controlled substances, or have responsibility for such activities in the course of her nursing duties for the first year after returning to work as a nurse.

H. Respondent shall be responsible for the provision of monthly written reports directly to the Board and the Department from her nursing supervisor (i.e., Director of Nursing) for the entire probationary period. Respondent shall provide a copy of this Reinstatement Consent Order to any and all employers 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 Reinstatement Consent Order. 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 4M below.

I. Respondent shall notify the Board and the Department in writing of any change of employment within fifteen (15) days of such change.

J. Respondent shall notify the Board and the Department of any change in her home or business address within fifteen (15) days of such change.

K. If respondent pursues further training, or is engaged at the time of the implementation of the Reinstatement Consent Order in an educational program in any subject area that is regulated by the Department, respondent shall provide a copy of this Reinstatement Consent Order to the educational institution or, if not an institution, to respondent's instructor. Such institution or instructor shall notify the Department of receipt of the Reinstatement Consent Order within fifteen (15) days of receipt.

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

M. 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 Reinstatement 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 Office of Practitioner Licensing and Certification of the Bureau of Healthcare Systems of the Department.

8. This Reinstatement Consent Order is effective on the first day of the month immediately following the month in which this Reinstatement Consent Order is approved and accepted by the Board.

9. Respondent understands this Reinstatement Consent Order is a matter of public record.

10. Respondent understands this Reinstatement 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 Reinstatement 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. In the event respondent violates a term of this Reinstatement Consent Order, respondent agrees immediately to refrain from practicing as a ~~registered~~ 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 and the Respondent. 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 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 Reinstatement 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 Reinstatement 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 Reinstatement 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. This Reinstatement Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to is being executed by the last signatory.

15. Respondent permits a representative of the Department and my attorney to ~~present~~ this Reinstatement Consent Order and the factual basis for this Reinstatement Consent Order to the Board. The Department and respondent understand that the Board has complete and final discretion as to whether an executed Reinstatement Consent Order is approved or accepted.

16. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the Bureau Chief of the Division of Criminal Justice's Statewide Prosecution Bureau.

17. Respondent has had the opportunity to consult with an attorney prior to signing this document.

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

Joanne Foreman

Joanne Foreman

Subscribed and sworn to before me this 27th day of June 2003.

Marilyn Clark Pellett

~~Notary Public~~ or person authorized
by law to administer an oath or
affirmation MARILYN CLARK PELLETT

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 27th day of June ____ 2003, it hereby ordered and accepted.

Stanley K. Peck, Director, Legal Office
Bureau of Healthcare Systems

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 16 day of July, 2003, it is hereby ordered and accepted.

Connecticut Board of Examiners for Nursing

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