

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE SYSTEMS BRANCH

In re: Richard Pepe, APRN

Petition No. 2007-0702-012-010

REINSTATEMENT CONSENT ORDER

WHEREAS, Richard Pepe of Meriden, Connecticut (hereinafter "respondent") has been issued license number 000074 to practice as an advanced practice registered nurse by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 378 of the General Statutes of Connecticut, as amended; and,

WHEREAS, on January 8, 1991 the Department issued respondent license number 000074 to practice as an advanced practice registered nurse which license was revoked pursuant to a Memorandum of Decision dated March 19, 1997, and respondent has now applied to have said license reinstated by the Department pursuant to Chapter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. On January 8, 1991 the Department issued license number 000074 to practice as an advanced practice registered nurse which license was revoked pursuant to a Memorandum of Decision dated March 19, 1997 resulting from his substance abuse.
2. That the conduct described above constitutes 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-17 and 20- 99 of the General Statutes of Connecticut, as amended, respondent hereby stipulates and agrees as follows:

1. He waives his right to a hearing on the merits of this matter.
2. Respondent's license to practice as an advanced practice registered nurse shall be reinstated when he satisfies the requirements for reinstatement of his 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.
3. Respondent's license number to practice as an advanced practice registered nurse in the State of Connecticut is hereby placed on probation for four years, subject to the following terms and conditions:
 - A. At his own expense, he 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) He shall provide a copy of this Reinstatement Consent Order to his therapist.
 - (2) His 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 he 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

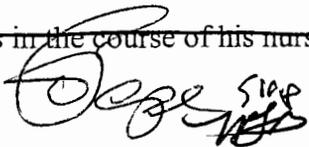
the Board after consultation with the Department. However, if therapy is terminated with approval of the Board, respondent's therapist shall continue to monitor his alcohol and drug free status by monitoring and reviewing the observed random urine screens for drugs and alcohol as described in paragraph 3B below, and by providing 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 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 his own expense, he 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 his therapist and/or personal physician. Laboratory reports of random alcohol and drug screens and/or any other drug or alcohol related laboratory reports, including but not limited to results of DNA testing, 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, his therapist, the Board, the Department and his prescribing practitioner of any drug(s) he 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 to the Board and the Department, until such time as the controlled substance(s) are not prescribed by the provider, 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, ~~and~~ ^{third and} fourth years of probation and two such screens and reports every month for the second ~~and third~~ years of probation. *MS* *SLK* *me* *DS*
- (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 written reports from his therapist directly to the Board and the Department for the entire probationary period; monthly for the first and fourth year of probation; and, quarterly reports for the second and third year of probation. Such reports shall include documentation of dates of treatment, an evaluation of respondent's progress in treatment and of his drug and alcohol free status as established by the observed random urine screens for drugs and alcohol, an evaluation of his 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 his profession.
- E. Respondent shall provide a copy of this Reinstatement Consent Order to all current and future employers for the duration of his 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 his 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 his nursing duties for the first year after returning to work as a nurse.~~ 
- H. Respondent shall be responsible for the provision of written reports directly to the Board and the Department from his nursing supervisor (i.e., Director of Nursing) monthly for the first and fourth year of his probation and quarterly for the second and third year of probation. 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 3M 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 his 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
Practitioner Licensing and Investigations
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

4. 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.
5. 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.
6. Legal notice of any action shall be deemed sufficient if sent to respondent's last known address of record reported to Practitioner Licensing and Investigations Section of the Healthcare Systems Branch of the Department.
7. 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.
8. Respondent understands this Reinstatement Consent Order is a public record.
9. Respondent understands this Reinstatement Consent Order will be considered as evidence of the above- admitted violations in any proceeding before the Board in which (1) his compliance with this same Reinstatement Consent Order is at issue, or (2) his compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue.

10. In the event respondent violates a term of this Reinstatement Consent Order, respondent agrees immediately to refrain from practicing as an advanced practice registered 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 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.
11. 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.
12. 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.

13. Respondent permits a representative of the Department 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.
14. Respondent has consulted with an attorney prior to signing this document.
15. This Reinstatement 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 its being executed by the last signatory.
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.

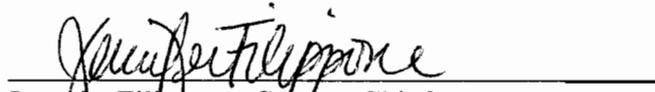
I, Richard Pepe, have read the above Reinstatement Consent Order, and I agree to the terms and allegations set forth therein. I further declare the execution of this Reinstatement Consent Order to be my free act and deed.


Richard Pepe, APRN

Subscribed and sworn to before me this 19th day of Sept 2007.


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

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 19th day of September, 2007, it is hereby accepted.


Jennifer Filippone, Section Chief,
Practitioner Licensing and Investigations
Healthcare Systems Branch

The above Reinstatement Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 19th day of September, 2007, it is hereby ordered and accepted.

BY: 
Connecticut Board of Examiners for Nursing

10 - R31471
12 - 000074



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

October 27, 2011

Richard Pepe, RN, APRN
210 Bradley Avenue
Meriden, CT 06450-3964

Re: Memorandum of Decision
Petition Nos. 2003-0107-010-003
2003-0107-012-001

Reinstatement Consent Order
Petition No. 2007-0702-012-010

RN License No. R31471
APRN License No. 000074

Dear Mr. Pepe:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective October 1, 2011.

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

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

Thank you for your cooperation during this process, and good luck to you in the future.

Very truly yours,

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

cc: J. Filippone
J. Wojick



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