

STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE SYSTEMS BRANCH

In Re: Arlene Dumais, A.P.R.N.

Petition No. 2009-0304-012-002

CONSENT ORDER

WHEREAS, Arlene Dumais (hereinafter "respondent") of Preston, Connecticut has been issued license number 000893 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, respondent hereby admits and acknowledges that:

1. From in or about October 2008 to February 2009, respondent, a psychiatric advanced practice registered nurse:
  - a. failed to prescribe within her scope of practice when she prescribed Schedule II narcotics to one or more of her patients;
  - b. prescribed Schedule II narcotics to two (2) persons who were not her patients and who she never evaluated at the time she wrote said prescriptions; and/or
  - c. failed to have a collaborative agreement, as required by §20-87a(b) of the General Statutes of Connecticut, when she prescribed Schedule II narcotics.
2. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-99(b), including but not limited to §20-99 (b)(2).

WHEREAS, respondent has surrendered her controlled substance prescribing permit;

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

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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's license number 000893 to practice as an advanced practice registered nurse in the State of Connecticut is hereby reprimanded.
4. Respondent's license number 000893 to practice as an advanced practice registered nurse in the State of Connecticut is hereby placed on probation for two (2) years, subject to the following terms and conditions:
  - A. Within the first six (6) months of the probationary period, respondent shall attend and successfully complete a course in prescribing practices, pre-approved by the Department. Within thirty (30) days of completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such coursework.
  - B. Respondent shall provide a copy of this Consent Order to all current and future employers for the duration of her probation. The Board and the Department shall be notified in writing by any employer(s) within fifteen days of the commencement of employment as to the receipt of a copy of this Consent Order.
  - C. Respondent shall provide a copy of this Consent Order to all current and future collaborating physician(s) for the duration of her probation. The Board and the Department shall be notified in writing by any collaborating physician(s) within fifteen (15) days of the commencement of collaboration as to the receipt of a copy of this Consent Order.
  - D. At her own expense, respondent shall have her collaborating physician conduct a quarterly random review of twenty percent (20%) or twenty (20) of respondent's patient records, whichever is the larger number. In the event that respondent has twenty (20) or fewer patients, the collaborating physician shall review all of respondent's patient records.
  - E. Respondent shall be responsible for the provision of quarterly written reports directly to the Board and the Department from her collaborating physician for the duration of her probation. Said reports shall include documentation of dates and duration of meetings with respondent; number and a general description of the patient records reviewed; a statement regarding respondent's prescribing practices; and a statement regarding respondent's ability to safely and competently practice nursing. The reports required hereunder shall be issued to the Board and the Department at the address cited in paragraph 4M below.
  - F. Respondent shall notify the Board and the Department if she or her collaborating physician terminate their collaborative relationship and/or collaborative agreement within fifteen (15) days of such termination.

- G. Respondent shall notify the Board and the Department if her controlled substance registration from the Drug Control Division of the Department of Consumer Protection (hereinafter "Drug Control") is reinstated or if Drug Control grants her a new registration within fifteen (15) days of such reinstatement or approval.
- H. Respondent agrees that if Drug Control reinstates or grants her a new controlled substance registration during the probationary period, she will not prescribe controlled substances without a written collaborative agreement that specifically identifies the name(s) of the medication(s) that the collaborating physician agrees that respondent may prescribe and that specifically requires that the collaborating physician approve a treatment plan for the prescription of said medication(s).
- 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 Consent Order, in an educational program in any subject area that is regulated by the Department, respondent shall provide a copy of this 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 Consent Order within fifteen (15) days of receipt.
- L. 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.
- 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

- 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 Practitioner Licensing and Investigations Section of the Healthcare Systems Branch 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. Respondent understands this 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 Consent Order is at issue, or (2) her compliance with §20-99(b) of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order, except where discipline solely consists of a civil penalty, shall be reported to the National Practitioner Data Bank.
11. In the event respondent violates a term of this 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.
12. In the event respondent is not employed as a nurse for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes the practice of nursing, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice of nursing without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return

to practice. Respondent understands that any return to the practice of nursing without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.

13. If, during the period of probation, respondent practices nursing outside Connecticut, she shall provide written notice to the Department concerning such employment. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of nursing in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 4 above.
14. 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.
15. 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.
16. 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.
17. This 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.
18. Respondent has had the opportunity to consult with an attorney prior to signing this document.
19. 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. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
20. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Arlene Dumais, 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.

Arlene Dumais  
Arlene Dumais

Subscribed and sworn to before me this 20 day of October, 2009.

[Signature]  
Notary Public or person authorized  
by law to administer an oath or affirmation

**SHELLY L. BERNIER**  
**NOTARY PUBLIC**  
COMMISSION EXPIRES FEB 28, 2011

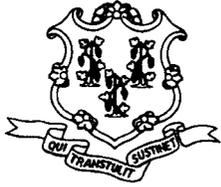
The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 30<sup>th</sup> day of October, 2009, it is hereby accepted.

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

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 18<sup>th</sup> day of November, 2009, it is hereby ordered and accepted.

BY: Patricia C. Bennett  
Connecticut Board of Examiners for Nursing

s:llf/Dumais/BOENCO



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

December 29, 2011

Arlene Dumais, APRN  
14 Cove Road  
Preston, CT 06365-8301

Re: Consent Order  
Petition No. 2009-0304-012-002  
License No. 000893

Dear Ms. Dumais:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective December 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 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



Phone: (860) 509-7400  
Telephone Device for the Deaf (860) 509-7191  
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P.O. Box 340308 Hartford, CT 06134  
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