

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY SERVICES BRANCH**

In Re: Cheryl M. Irizarry, A.P.R.N.

Petition No. 2011-1019

**CONSENT ORDER**

WHEREAS, Cheryl M. Irizarry (hereinafter "respondent") of Lebanon, Connecticut has been issued license number 001295 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, the Department alleges that:

1. During approximately 2010-2011, respondent wrote approximately 13 controlled substance prescriptions, which included alprazolam, hydrocodone, and diazepam, for a personal acquaintance who was not her patient.
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, in consideration of this Consent Order, has chosen not to contest the above allegation at a hearing in front of the Board of Examiners for Nursing (hereinafter "the Board"). Respondent does not admit to having violated any statute or regulation, including but not limited to §20-99(b) of the General Statutes of Connecticut. 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:

1. Respondent waives her right to a hearing on the merits of this matter.
2. Respondent shall pay a civil penalty of one thousand dollars (\$1,000.00) 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 at the time respondent submits the executed Consent Order to the Department.
3. Respondent's license number 001295 to practice as an advanced practice registered nurse in the State of Connecticut is hereby reprimanded.
4. Respondent shall not prescribe or dispense any medication for herself or any family member or friend, unless a legitimate patient relationship exists.
5. Respondent shall comply with all federal and state statutes and regulations applicable to her profession.
6. Respondent's license number 001295 to practice as an advanced practice registered nurse in the State of Connecticut is hereby placed on probation subject to the following terms and conditions:
  - A. Within six months of the effective date of this Consent Order, respondent shall attend and successfully complete a course in prescribing practices, said course to be pre-approved by the Department. Within thirty (30) days of the completion of the above-referenced course, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such course. Said probation shall terminate upon the Department's satisfaction of the successful completion of the course required under this paragraph 6.a.
  - B. 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

7. 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. Respondent shall pay all costs necessary to comply with this Consent Order.
8. 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.
9. 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 Quality and Safety Branch of the Department.
10. 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.
11. Respondent understands this Consent Order is a matter of public record.
12. 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. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank.
13. 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

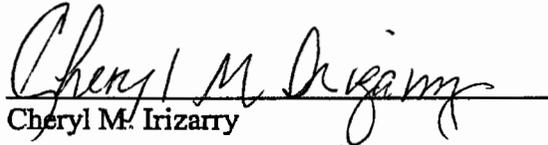
Department, with notice to the Board, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so 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.

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. Respondent understands that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. 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 State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. 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.

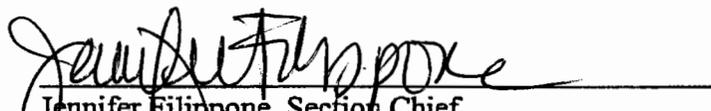
I, Cheryl M. Irizarry, have read the above Consent Order, and I agree to the terms set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
Cheryl M. Irizarry

Subscribed and sworn to before me this 16<sup>th</sup> day of NOV, 2012.

  
Notary Public or person authorized 531-17  
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 Public Health on the 27<sup>th</sup> day of November, 2012, it is hereby accepted.

  
Jennifer Filippone, Section Chief,  
Practitioner Licensing and Investigations  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners for Nursing on the 5<sup>th</sup> day of December, 2012, it is hereby ordered and accepted.

BY: Patricia C. Baffa, I.N.S.c.  
Connecticut Board of Examiners for Nursing



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

January 22, 2013

Cheryl Irizarry, APRN  
24 Lawrence Drive  
Lebanon, CT 06249

Re: Consent Order  
Petition No. 2011-1019  
License No. 001295

Dear Ms. Irizarry:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective January 22, 2013.

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  
R. Brown



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P.O. Box 340308 Hartford, CT 06134  
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