STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
BUREAU OF REGULATORY SERVICES

In re: Bridget M. Nester Petition No. 2002-0328-012-003

PRELICENSURE CONSENT ORDER

WHEREAS, Bridget M. Nester of Branford, CT (hereinafter "respondent") has applied for licensure 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 agrees that:

1. The Department has at no time issued respondent a license to practice the occupation of advanced practice registered nursing under the General Statutes of Connecticut, Chapter 378.
2. Respondent was issued her registered nurse license effective April 1, 1991. Said license lapsed August 31, 1998.
3. In 1996, respondent began employment as a nurse anesthetist at Anesthesia Associates of New Haven, PC, New Haven, Connecticut. She performed the duties of a nurse anesthetist at The Hospital of St. Raphael in New Haven from 1996 to January 1999, without having been issued a license to practice as an advanced practice registered nurse.
4. From approximately September 1998 to January 1999, respondent diverted for her own use the controlled substances fentanyl, sufentanil and midazolam. Such substances were used both at home and while on duty at The Hospital of St. Raphael.

5. From January 1999 through February 1999, respondent underwent inpatient chemical dependency treatment, followed by intensive outpatient treatment until March 1999. She began individual therapy in July 1999 and is an active participant in Alcoholics Anonymous.
6. Pursuant to a Memorandum of Decision issued June 7, 2000, respondent's registered nurse license was reinstated and placed on probation for four (4) years.
7. The conduct described above constitutes grounds for the denial of respondent's application for advanced practice registered nurse licensure pursuant to §19a-14 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §19a-14 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives the right to a hearing on the merits of her application for licensure.
2. After satisfying the requirements for licensure as an advanced practice registered nurse as set forth in Chapter 378 of the General Statutes of Connecticut, respondent's license to practice as an advanced practice registered nurse will be issued.
3. Respondent's license to practice as an advanced practice registered nurse in the State of Connecticut shall, immediately upon issuance, be placed on probation. The time period of such probation shall be coterminous with that imposed under the Memorandum of Decision and shall include the following terms and conditions:
   A. Respondent shall pay a civil penalty of eight hundred dollars ($800.00) 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.

B. During the period of probation the Department shall pre-approve respondent's employment or change of employment within the nursing profession.

C. Respondent shall provide a copy of this Prelicensure Consent Order to any and all employers if employed as an advanced practice registered nurse during the probationary period. The Department shall be notified in writing by any employer(s), within fourteen (14) days of the commencement of employment, as to receipt of a copy of this Prelicensure Consent Order.

D. If employed as a nurse, respondent shall cause monthly employer reports to be submitted to the Department by her immediate supervisor during the entire probationary period.

E. The employer reports cited in Paragraph D above shall include documentation of respondent's ability to safely and competently practice as an advanced practice registered nurse.

F. Should respondent's nursing employment be involuntarily terminated, respondent and/or her employer shall notify the Department within seventy-two (72) hours of such termination.

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

H. At her own expense, respondent shall engage in therapy and counseling for chemical dependency with a Connecticut licensed or certified therapist, approved by the Department, during the entire period of probation.

I. Respondent shall provide a copy of this Prelicensure Consent Order to her therapist. The Department shall be notified in writing by her therapist, within thirty (30) days of the commencement of the probationary period, as to receipt of a copy of this Prelicensure Consent Order.

J. Respondent shall cause monthly evaluation reports to be submitted to the Department by her therapist during the entire probationary period.

K. The therapist reports cited in Paragraph J above shall include documentation of dates of treatment and an evaluation of respondent's progress, including alcohol and drug free status, and ability to safely and competently practice as an advanced practice registered nurse.

L. At her expense, respondent shall be responsible for submitting to observed random chain of custody urine and/or blood screens for alcohol and drugs for the entire probationary period, at a testing facility approved by the Department, as ordered by her therapist, and/or personal physician, and/or employer. Alcohol/drug screening may also be ordered by the Department to ensure compliance with this Order. Random alcohol/drug screens shall be legally defensible in that specimen donor and chain of custody can be identified throughout the screening process. Respondent shall be responsible for immediately notifying the laboratory, her therapist and/or personal physician and the Department of any drug(s) she is taking.

(1) There must be at least one (1) such random alcohol/drug screen every two (2) weeks during the entire probationary period.

(2) Random alcohol/drug screens shall be negative for the presence of alcohol and drugs. All positive results shall be confirmed by the Gas Chromatograph Mass Spectrometer (GC/MS) testing method. Chain of custody documentation must accompany all laboratory reports and/or the laboratory reports must indicate that chain of custody procedures have been followed.

(3) Random alcohol/drug screens must include testing for the following substances:

Amphetamines	Methadone
Barbiturates	Methaqualone
Benzodiazepines	Opiates (Metabolites)
Cannabinoids (THC Metabolites)	Phencyclidine (PCP)
Cocaine	Propoxyphene
Meperidine (Demerol)	Ethanol (alcohol)

(4) Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by the respondent's therapist, personal physician or the testing laboratory.

M. Respondent shall not obtain for personal use and/or use alcohol or any drug that has not been prescribed for her, for a legitimate purpose, by a licensed health care practitioner authorized to prescribe medications. Respondent shall not abuse and/or excessively use any drugs that are prescribed for a legitimate medical purpose.

N. Respondent is hereby advised that the ingestion of poppy seeds may produce a positive drug screen result indicating the presence of opiates/morphine and that the ingestion of mouthwash may produce a positive result indicating the presence of alcohol. For that reason, any food substance containing poppy seeds and mouthwash should be avoided

during the probationary period. In the event that a drug/alcohol screen is positive for opiates/morphine or alcohol, the ingestion of poppy seeds and/or mouthwash shall not constitute a defense to such positive screen.

O. The Department must be informed in writing prior to any change of employment.

P. The Department must be informed in writing prior to any change of address.

Q. All correspondence and reports required by the terms of this Prelicensure Consent Order are to be addressed to:

Bonnie Pinkerton, RN, Nurse Consultant
Department of Public Health
410 Capitol Avenue, MS #12 HSR
PO Box 340308
Hartford, CT 06134-0308

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

5. Any deviation from the term(s) of this Prelicensure Consent Order without prior written approval of the Department shall constitute a violation. A violation of any term(s) of this Prelicensure Consent Order shall result in the right of the Department in its discretion to immediately deem respondent's advanced practice registered nurse license rescinded. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department's right to take action at a later time. The Department shall not be required to grant future extensions of time or grace periods. Notice of the recision of the license shall be sent by the Department to respondent's address of record. Respondent waives any right to a hearing on the issue of violation of the terms of this Prelicensure Consent Order.

6. Legal notice shall be 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.

7. Respondent understands that this Prelicensure Consent Order may be considered as evidence of the above-admitted violations in any proceeding before the Connecticut Board of Examiners for Nursing in which (1) her compliance with this Prelicensure Consent Order is at issue, or (2) her compliance with §20-99 of the Connecticut General Statutes, as amended, is at issue.

8. This Prelicensure 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 Prelicensure 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 she may have under the laws of the State of Connecticut or of the United States.

9. This Prelicensure 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.

10. This Prelicensure Consent Order is effective when accepted and approved by a duly appointed agent of the Department.

11. Respondent understands this Prelicensure Consent Order is a matter of public record.

12. Respondent understands she has the right to consult with an attorney prior to signing this Prelicensure Consent Order.

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

Bridget M. Nester

Subscribed and sworn to before me this 6th day of May 2002.

Nancy Vallas
Notary Public or person authorized
by law to administer an oath or
affirmation my comm. exp. 9/30/06

The above Prelicensure Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 7th day of June 2002, it is hereby ordered and accepted.

Stanley K. Peck

~~Debra J. Turcotte, Director~~
~~Division of Health Systems Regulation~~
Stanley K. Peck, Director
Legal Office
Bureau of Regulatory Services

Petition Number 2002-0328-012-003
jc

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

August 30, 2004

Bridge Nester, RN, APRN
42 Quidnet Court
Guilford, CT 06437

Re: Consent Order
Petition No. 990715-010-059
License No. E53557

Prelicensure Consent Order
Petition No. 2002-0328-012-003
License No. 002703

[redacted]

Dear Ms. Nester:

Please accept this letter as notice that you have satisfied the terms of your license probation, effective July 5, 2004.

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 Prelicensure 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.

Respectfully,

Olive Tronchin
Division of Health Systems Regulation

c: Jennifer Filippone
Janice Wojick

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