



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

BOARD:	Nursing
CASE NUMBER:	2014-02763
COMPLAINT MADE BY:	DOH
DATE OF COMPLAINT:	February 19, 2014
SUBJECT:	Trina D. Jenkins, C.N.A. 6207 North 49th Street Tampa, FL 33610
SUBJECT'S ATTORNEY	N/A
INVESTIGATED BY:	Diane Bates Consumer Services
REVIEWED BY:	Judson Searcy Assistant General Counsel
RECOMMENDATION:	Reconsideration (4038) Closed with Pending Discipline License Null and Void

**CLOSING ORDER ON RECONSIDERATION**

**THE COMPLAINT:** The Administrative Complainant alleged Subject violated Section 464.204(1)(b), Florida Statutes (2012, 2013), for intentionally violating Section 456.072(1)(q), Florida Statutes (2012, 2013), violating a lawful order of the department or the board.

**THE FACTS:** The Department filed an Administrative Complaint against Respondent on July 14, 2014, alleging that she failed to submit verification of course content and completion of courses in Legal Aspects of

Nursing and Nursing Ethics within six months, and failed to pay costs within one year from the date the Final Order was entered in case number 2011-03761, on August 12, 2012.

Subject's license expired on December 31, 2012. Subject failed to properly renew her license during the delinquency period. Subject's license became null and void on January 1, 2015.

The Department and the Probable Cause Panel have determined that based upon the Subject's license being null and void, this case should be dismissed without further prosecution. Should Subject re-apply, the allegations addressed in this case shall be addressed before a new license will be issued by the Board of Nursing.

**THE LAW:** This case has been closed due to Subject's null and void license.

It is, therefore, ORDERED that this matter be, and same is hereby, DISMISSED.

DONE AND ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

---

CHAIRPERSON, PROBABLE CAUSE PANEL  
BOARD OF NURSING

# VENICE Gondolier Sun

LOCAL NEWS COVER TO COVER • FLORIDA'S NO.1 WEEKLY NEWSPAPER

VENICE GONDOLIER SUN  
 COUNTY OF SARASOTA  
 STATE OF FLORIDA

Before the undersigned authorized personally appeared **Tara Shea** who on oath says that she is a legal clerk of the Venice Gondolier Sun, a newspaper published in Sarasota County, Florida; that the attached copy of the advertisement, being a legal notice.

In the matter of: Notice of Action  
 In the issue(s) of: October 25, November 1, 8, 15, 2014

Affiant further says that the said Venice Gondolier Sun is a newspaper published at Venice, in said Sarasota County, Florida, and that the said newspaper has heretofore been continuously published in said Sarasota County, Florida, each W&S and has been entered as Second-Class mail matter at the Post Office in Venice, in said Sarasota County, Florida, for a period of 1-year next preceding the first publication of the attached copy of advertisement; and affiant further says that he/she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

Tara Shea  
 (Signature of Affiant)

Sworn and subscribed before me this 17th day of November, 2014.

Ann R. Springer  
 (Signature of Notary Public)

ANN R. SPRINGER  
 (Printed name of Notary Public)

(Name of Notary Public) Personally known  or Produced Identification   
 Type of Identification Produced \_\_\_\_\_

BEFORE THE BOARD OF NURSING

IN RE: The license to practice Nursing

Trina Jenkins, C.N.A.

6207 North 49th Street  
 Tampa, Florida 33610  
 And  
 1614 North Orange Ave  
 Sarasota, Florida 34236

CASE NO.: 2014-02763

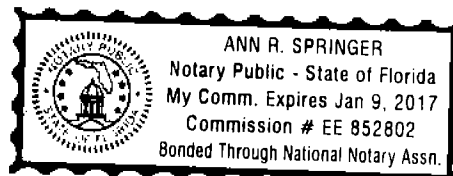
LICENSE NO.: 91034

The Department of Health has filed an Administrative Complaint against you, a copy of which may be obtained by contacting, Judson Searcy, Assistant General Counsel, Prosecution Services Unit, 4052 Bald Cypress Way, Bin #C65, Tallahassee Florida 32399-3265, (850) 245-4444.

If no contact has been made by you concerning the above by December 06, 2014, the matter of the Administrative Complaint will be presented at an ensuing meeting of the Board of Nursing in an informal proceeding.

In accordance with the American

with Disabilities Act, persons needing a special accommodation to participate in this proceeding should contact the individual or agency sending this notice not later than seven days prior to the proceeding at the address given on the notice. Telephone: (850) 245-4444, 1-800-955-8771 (TDD) or 1-800-955-8770 (V), via Florida Relay Service. Publish: October 25, November 1, 8, 15, 2014 185452 3100891



2014 NOV 21 PM 2:00

PRACTITIONER REGULATION  
 LEGAL

**The Sun**  
**23170 Harborview Road**  
**Port Charlotte, FL 33980**

**10/21/14**

Phone:(941)206-1000 Fax:(941)629-2085 Website: [www.sunnewspapers.net](http://www.sunnewspapers.net)  
 Email: [custserv@sun-herald.com](mailto:custserv@sun-herald.com)

Date: 10/21/14	Ad Taker:TSHEACTX	Agate Lines: 50
Ad Date: 10/25/14	Sales Person:100	Depth: 5.278
Class: 16	Words: 177	Inserts: 4
Ad ID: 3100891	Lines: 58	Blind Box:

Account: 185552

**FLORIDA DEPARTMENT OF HEALTH**  
**4052 BALD CYPRESS WAY, BIN#C65**  
**TALLAHASSEE, FL 32399-3266**

Description: **Notice of Action** Telephone: **(850) 245-4444**

Other Charges:	\$0.00	Gross:	\$112.95
Discount:	\$0.00		
Surcharge:	\$0.00	Paid Amount:	- \$0.00
Credits:	\$0.00		
Bill Depth:	5.278	Amount Due:	\$112.95

Publication	Start	Stop	Inserts	Cost
Legal Advertising	10/25/14	11/15/14	4	\$112.95

**invoice**

Ad Note:

Customer Note:

Please remit to:

**The Sun**  
**23170 Harborview Road**  
**Port Charlotte, FL 33980**

*We Appreciate Your Business!*  
*Thank You!*

**NOTICE OF ACTION**

BEFORE THE BOARD OF NURSING

IN RE: The license to practice Nursing

Trina Jenkins, C.N.A.

6207 North 49th Street  
 Tampa, Florida 33610  
 And  
 1614 North Orange Ave  
 Sarasota, Florida 34236

CASE NO.: 2014-02763

LICENSE NO.: 91034

The Department of Health has filed an Administrative Complaint against you, a copy of which may be obtained by contacting, Judson Searcy, Assistant General Counsel, Prosecution Services Unit, 4052 Bald Cypress Way, Bin #C65, Tallahassee Florida 32399-3265, (850) 245-4444.

If no contact has been made by you concerning the above by December 06, 2014, the matter of the Administrative Complaint will be presented at an ensuing meeting of the Board of Nursing in an Informal proceeding.

In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this proceeding should contact the individual or agency sending this notice not later than seven days prior to the proceeding at the address given on the notice. Telephone: (850) 245-4444, 1-800-955-8771 (TDD) or 1-800-955-8770 (V), via Florida Relay Service.

Publish: October 25, November 1, 8, 15, 2014  
 185552 3100891

**2014 NOV 21 PM 2:00**  
**PRACTITIONER REGULATION**  
**LEGAL**

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

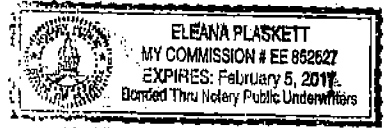
**Affidavit of Non-Receipt**

I, William Spooner, hereby certify in my official capacity as custodian for the Board of Nursing's licensure files that the Board, as of 12/5/2014, has no evidence of an Election of Rights form or other responsive pleading requesting a hearing prior to any agency action regarding **Trina D. Jenkins, C.N.A.; 2014-02763**, which would affect the Subject's substantial interests or rights.

William E. Spooner  
Custodian of Records  
Florida Board of Nursing

Before me, personally appeared William Spooner, whose identity is known to me personally and who, under, oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 5 day of December, 2014.



Eleana Plaskett  
Notary Public Signature  
My commission expires:

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT**

I, Angel Saucedo, Deputy Clerk for the Department Clerk's Office, hereby certify in my official capacity as custodian for the Department Clerk's records, that the Department Clerk's Office has not received an Election of Rights form or other responsive pleading, which requests a hearing prior to any Department action regarding Trina D. Jenkins, C.N.A.; 2014-02763, which would affect the Respondent's substantial interests or rights.

Angel Saucedo  
Custodian of Record  
Department Clerk's Office

Before me, personally appeared Angel Saucedo, whose identity is known to me personally and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 5th day of December, 2014.

Amy L. Carraway

Notary Public

My Commission Expires:



AMY L. CARRAWAY  
MY COMMISSION # FF 073892  
EXPIRES: January 17, 2018  
Bonded Thru Budget Notary Services

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**Affidavit of Non-Receipt**

I, William Spooner, hereby certify in my official capacity as custodian for the Board of Nursing's licensure files that the Board, as of 10/13/2014, has no evidence of an Election of Rights form or other responsive pleading requesting a hearing prior to any agency action regarding **Trina D. Jenkins, C.N.A.; 2014-02763**, which would affect the Subject's substantial interests or rights.

*William E. Spooner*

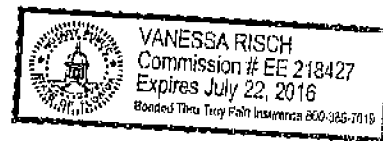
Custodian of Records  
Florida Board of Nursing

Before me, personally appeared William Spooner, whose identity is known to me personally and who, under, oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 13 day of October, 2014.

*Vanessa Risch*

Notary Public Signature  
My commission expires:





**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT**

I, Angel Sanders, Deputy Clerk for the Department Clerk's Office, hereby certify in my official capacity as custodian for the Department Clerk's records, that the Department Clerk's Office has not received an Election of Rights form or other responsive pleading, which requests a hearing prior to any Department action regarding Trina D. Jenkins, C.N.A.; 2014-02763, which would affect the Respondent's substantial interests or rights.

Angel Sanders

Custodian of Record  
Department Clerk's Office

Before me, personally appeared Angel Sanders, whose identity is known to me personally and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 13<sup>th</sup> day of October, 2014.

Amy L. Carraway

Notary Public

My Commission Expires:



**AMY L. CARRAWAY**  
MY COMMISSION # FF 073892  
EXPIRES: January 17, 2018  
Bonded Thru Budget Notary Services

Waiver

# The Tampa Tribune

Published Daily

Tampa, Hillsborough County, Florida

ADDITIONAL COPY  
LEGAL

2014 OCT -1 AM 9:25

## NOTICE OF ACTION

### BEFORE THE BOARD OF NURSING

IN RE: The license to practice Nursing

Trina Jenkins, C.N.A.

6207 North 49th Street  
Tampa, Florida 33610

And

1614 North Orange Ave  
Sarasota, Florida 34236

CASE NO.: 2014-02763

LICENSE NO.: 91034

The Department of Health has filed an Administrative Complaint against you, a copy of which may be obtained by contacting, Judson Searcy, Assistant General Counsel, Prosecution Services Unit, 4052 Bald Cypress Way, Bin #C65, Tallahassee Florida 32399-3265, (850) 245-4444.

If no contact has been made by you concerning the above by October 19, 2014, the matter of the Administrative Complaint will be presented at an ensuing meeting of the Board of Nursing in an informal proceeding.

In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this proceeding should contact the individual or agency sending this notice not later than seven days prior to the proceeding at the address given on the notice. Telephone: (850) 245-4444, 1-800-955-8771 (TDD) or 1-800-955-8770 (V), via Florida Relay Service.

State of Florida }  
County of Hillsborough } SS.

Before the undersigned authority personally appeared C. Pugh, who on oath says that she is the Advertising Billing Analyst of The Tampa Tribune, a daily newspaper published at Tampa in Hillsborough County, Florida; that the attached copy of the advertising being a

Legal Ads IN THE Tampa Tribune

In the matter of Legal Notices

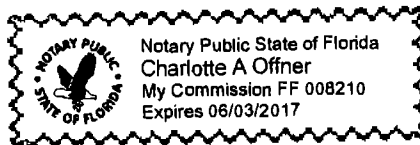
was published in said newspaper in the issues of

09/27, 09/20, 09/13, 09/06/2014

Affiant further says that the said The Tampa Tribune is a newspaper published at Tampa in said Hillsborough County, Florida, and that the said newspaper has heretofore been continuously published in said Hillsborough County, Florida, each day and has been entered as second class mail matter at the post office in Tampa, in said Hillsborough County, Florida for a period of one year next preceding the first publication of the attached copy of advertisement; and affiant further says that she has neither paid nor promised any person, this advertisement for publication in the said newspaper.

Sworn to and subscribed by me, this 29 day  
of Sept. A.D. 2014

Personally Known  or Produced Identification   
Type of Identification Produced \_\_\_\_\_



**MEMORANDUM**

---

**TO: PSU OPERATIONS**  
**FROM: ANN BROOME**  
**SUBJECT: TRINA JENKINS, C.N.A.; 2014-02763**  
**ATTORNEY: JUDSON SEARCY**  
**DATE: September 2, 2014**

---

This is a request to publish notice of the Administrative Complaint in the aforementioned case in the appropriate newspaper.

The Subject's last known address is:

**TRINA JENKINS**  
**6207 NORTH 49 STREET**  
**TAMPA, FL 33610**

**1614 NORTH ORANGE AVE**  
**SARASOTA, FL 34236**

**BOARD: NURSING**  
**LICENSE NO.: 91034**

Please publish for four consecutive weeks and return the notice of publication to me. If you have any questions, please contact me at ext. 8126.

Thank you.

JS/ab

Enclosure: Copy of Administrative Complaint

cc: file



STATE OF FLORIDA

DEPARTMENT OF HEALTH
INVESTIGATIVE REPORT

Office: Area V - St. Petersburg Date of Case: 02/19/14 Case Number: 201402763

Subject: TRINA D. JENKINS, C.N.A. 6207 North 49th Street Tampa, FL 33610 \* 813-850-6085 - cell
Source: DOH/COMPLIANCE MANAGEMENT UNIT 4052 Bald Cypress Way Tallahassee, FL 32399

Related Case(s): 201103761 Date and Type of Report: 08/22/14 Supplemental 1

Alleged Violation: See Final Report

Synopsis: This Supplemental Report is predicated upon receipt of a PSU Request Form (Exh. S1-1 /pg. 2) requesting the enclosed Administrative Complaint (AC) and related papers (Exh.S1-2 /pgs. 3-21) be hand served to TRINA D. JENKINS, C.N.A.
On 08/07/14, the Tampa ISU attempted to serve JENKINS at 6207 N 49th Street, Tampa, FL, 33610, 6410 N 20th Street, Tampa, FL, 33610, and 4207 Chestwood Court, Apt. 161, Tampa, FL, 33610, but all attempts were unsuccessful.
On 08/12/14, an internet search by the St. Petersburg ISU revealed multiple addresses and telephone numbers for JENKINS, and her relatives and associates.
On 08/20/14, this investigator attempted to locate JENKINS by contacting her last known employer, Visiting Nurse Association Of Florida in Sarasota.
On 08/21/14, the current resident of 1811 Central Ave Sarasota, FL 34234 was contacted via telephone number 941-366-0792.
On 08/21/14, JENKINS was interviewed via cellular number 813-850-6085, which was located in a government database.
Exhibit S1-3 contains an Affidavit from the Tampa ISU (pg. 22), and one from the St. Petersburg ISU (pg. 23).
\* JENKINS' current address is unknown, but she can be reached via # 813-850-6085.

Investigator/Date: [Signature] 8/22/14 Approved By/Date: [Signature] 8/22/14
Tamara Armstrong, Investigator (PI43) Elana Swanson, Investigator Supervisor (PI45)

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**PSU REQUEST FORM**

FROM: Ann Broome for Judson Searcy	TO: ISU
Date: August 7, 2014	TO: CSU Diane Bates
Phone #: 850-245-4444	CC: Shane Walters

Case Number: 2014-02763	Board: Nursing	Status: 80
Subject: Trina Jenkins	HL Code: h1196b	
Requested Completion Date: 9/6/14		

**(PSU) TYPE OF REQUEST:** (describe details below)

- Process Service\* (Activity Code 160)
- Additional Information Requested (Activity Code 145)
- Deficiency in Investigative Work (Activity Code 150)

**Details:** Hand serve AC and related papers.

**\*The following additional information is needed for each service request:**

Last Known Address: 6207 North 49 St., Tampa, FL 33610  
 Last Known Name & Phone Number: (941) 536-6507  
 Last Known Place of Employment & Address if Known: 5260 BAHIA VISTA, SUITE 302, SARASOTA, FL 34232  
 Has Contact Been Made With This Individual? YES  No ; If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent? YES \*\* No  NOTE: All process service requests need to be sent to appropriate field office.

**\*\*IF YES, please send a copy of the original Investigative Report without attachments.**

**(ISU/CSU) RESPONSE:**

- Process Service Completed (Activity Code 161)  Process Service NOT Completed (Activity Code 162)
- Additional Info Sent to Legal (Activity Code 156)
- Supp. Investigation Request Cancelled (Activity Code 157)

**Email to:**

Pensacola	Tallahassee	Alachua	Jacksonville	St. Pete	Tampa	Orlando	Ft. Myers	West Palm	Ft. Lauderdale	Miami
	Consumer	ULA								

**Florida Department of Health**  
 Office of the General Counsel · Prosecution Services Unit  
 4052 Bald Cypress Way, Bin C-65 · Tallahassee, FL 32399-1701  
 Express mail address: 2585 Merchants Row – Suite 105  
 PHONE: 850/245-4444 · FAX 850/245-4683

**www.FloridasHealth.com**  
 TWITTER: HealthyFLA  
 FACEBOOK: FLDepartmentofHealth  
 YOUTUBE: fldoh

Exh SH-1

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

July 18, 2014

Trina Jenkins  
6207 North 49 Street  
Tampa, FL 33610

Certified Article Number

7196 9008 9111 1717 0503

SENDERS RECORD

RE: DOH v. Trina Jenkins, C.N.A.  
Case Number 2014-02763

Dear Ms. Jenkins:

Enclosed is a copy of an Administrative Complaint that has been filed against your license, along with an Explanation of Rights and an Election of Rights form. You have also been provided with a Settlement Agreement containing disciplinary terms I believe will be acceptable in resolving this matter. If you agree with the terms of the Settlement Agreement, please sign it before a notary public and return it to my office. Please be aware that the Settlement Agreement is subject to final approval by the Board of Nursing. A Voluntary Relinquishment form has also been included in this package for your consideration. Voluntarily relinquishing your license is considered disciplinary action. However, signing the Voluntary Relinquishment form will allow you to avoid costs and forgo further disciplinary hearings.

You may also want to read and understand the several provisions of Florida Statutes and administrative rules related to this disciplinary action. For further information, please consult with your attorney or refer to the following websites: [www.leg.state.fl.us](http://www.leg.state.fl.us) and <http://www.flrules.org>.

If you accept the Settlement Agreement, your case will be scheduled for the next available Board meeting for consideration. Your attendance at this meeting may be required. You will receive details regarding the meeting date, time, and location once the case is scheduled. If the Board accepts the Settlement Agreement, then its terms become the final resolution of the case. Should the Board not accept the Settlement Agreement, then your response on the Election of Rights form will determine how the case will proceed.

**PLEASE NOTE the signed and notarized Election of Rights form must be received by the Department of Health within twenty-one (21) days of the date you were served. Failure to file this form within twenty-one (21) days may be considered a waiver of your right to dispute the allegations in this matter.**

Sincerely,

Judson Searcy  
Assistant General Counsel

JS/ab

Enclosures: Administrative Complaint, Election of Rights, Explanation of Rights  
Settlement Agreement and Voluntary Relinquishment

**Florida Department of Health**  
Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-85 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row - Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4883

**www.FloridasHealth.com**  
TWITTER:HealthyFLA  
FACEBOOK:FLDepartmentofHealth  
YOUTUBE: fdoh

Exh 51-2

00003

ELECTION OF RIGHTS

Case Name: Trina D. Jenkins, C.N.A.

Case No. 2014-02763

PLEASE SELECT ONLY 1 OF THE 3 OPTIONS

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

OPTION 1. I do not dispute the allegations of fact in the Administrative Complaint, but do wish to be accorded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. I do not dispute the allegations of fact contained in the Administrative Complaint and waive my right to object or to be heard. I request that the Board enter a final order pursuant to Section 120.57, Florida Statutes.

OPTION 3. I do dispute the allegations of fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. I specifically dispute the following paragraphs of the Administrative Complaint:

\_\_\_\_\_

In addition to the above selection, I also elect the following:

- ( ) I accept the terms of the Settlement Agreement, have signed and am returning the Settlement Agreement or I am interested in settling this case.
( ) I do not wish to continue practicing and have signed and returned the Voluntary Relinquishment of licensure form.

Regardless of which option I have selected, I understand that I will be given notice of time, date, and place when this matter is to be considered by the Board for Final Action. Mediation under Section 120.573, Florida Statutes, is not available in this matter. (Please sign and complete all the information below.)

Respondent Signature
Address: \_\_\_\_\_

Lic. No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, whose identity is known to be by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2014.

Notary Public
My Commission Expires:

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Judson Searcy, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444; FAX (850) 245-4683- TDD 1-800-955-8771.



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**EXPLANATION OF RIGHTS**

In response to the allegations set forth in the Administrative Complaint issued by the Department of Health, you should make **ONE OF THREE** of the following elections within twenty-one (21) days from the date of receipt of the Administrative Complaint. Please make your election on the attached Election of Rights form and return it fully executed to the address listed on the form. **Your Election of Rights must be received by the Department within twenty-one (21) days of the date you were served.**

**Option 1** – If you do not dispute any material fact alleged in the Administrative Complaint, you may request a proceeding pursuant to Section 120.57(2), Florida Statutes, before the Board. At this proceeding you will be given an opportunity to present both written and oral evidence in mitigation of the allegations contained in the Administrative Complaint. This request should be directed to the Department by checking the appropriate space, marked as Option 1, on the Election of Rights form.

**Option 2** – If you do not dispute any material fact alleged in the Administrative Complaint and you do not desire to participate in the disposition of the case, you may elect Option 2 on the Election of Rights form.

**Option 3** – If you do dispute any material fact alleged in the Administrative Complaint, you may request a formal hearing and the appointment of an Administrative Law Judge with the Division of Administrative Hearings pursuant to Section 120.569(2)(a), Florida Statutes, by checking the appropriate space, marked as Option 3, on the Election of Rights form. You must also specifically indicate which paragraphs you dispute in the Administrative Complaint pursuant to Rule 28-106.2015(5)(c), Florida Administrative Code. Failure to do so may be considered a waiver of your right to dispute the allegations at a formal hearing.

Regardless of whether you dispute any material fact alleged in the Administrative Complaint and after choosing one of the three options above, you may also sign the Settlement Agreement or request the opportunity to enter into a Settlement Agreement to resolve this case, pursuant to Section 120.57(4), Florida Statutes. If you accept the Settlement Agreement, it will be presented to the Board for approval. Please be advised that a Final Order approving a Settlement Agreement is considered disciplinary action and will be reported as such.

You may also sign the Voluntary Relinquishment of license, which will be presented to the Board for approval. Please be advised that a Final Order accepting the Voluntary Relinquishment is considered disciplinary action and will be reported as such.

**Failure to file the Election of Rights form within twenty-one (21) days may be considered a waiver of your right to dispute the allegations in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear the case and impose discipline against your license.**

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-02763

TRINA D. JENKINS, C.N.A.,

RESPONDENT.

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Trina D. Jenkins, C.N.A., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a certified nursing assistant (C.N.A.) within the state of Florida, having been issued license number CNA 91034.

3. Respondent's address of record is 6207 North 49th Street, Tampa, Florida 33610.

4. Respondent may reside at 1614 North Orange Avenue, Sarasota, Florida 34236.

5. On August 12, 2012, the Board of Nursing filed a Final Order in case number 2011-03761.

6. The Final Order required Respondent to enroll in and successfully complete courses in Legal Aspects of Nursing and Nursing Ethics, and to submit verification of course content and completion to the Nursing Compliance Officer within six months from the date of the Order.

7. The Final Order required Respondent to pay costs of \$1,083.32 within one year from the date of entry of the Final Order.

8. Respondent failed to submit verification of course content and completion for courses in Legal Aspects of Nursing and Nursing Ethics to the Nursing Compliance Officer within six months from the date of the Order filed August 12, 2012.

9. Respondent failed to pay costs of \$1,083.32 within one year from the date of entry of the Final Order on August 12, 2012.

10. Section 464.204(1)(b), Florida Statutes (2012, 2013), provides intentionally violating any provision of chapter 464, chapter 456, or the rules adopted by the board, constitutes grounds for disciplinary action.

11. Section 456.072(1)(q), Florida Statutes, (2012, 2013), provides that violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department, constitutes grounds for disciplinary action.

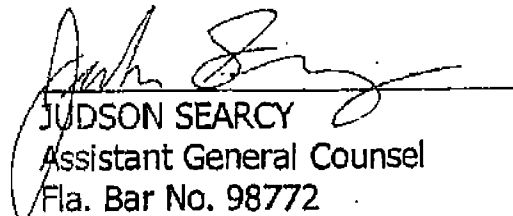
12. Respondent violated a lawful order of the Board of Nursing by failing to submit verification of course content and completion for courses in Legal Aspects of Nursing and Nursing Ethics to the Nursing Compliance Officer within six months and failing to pay costs within one year from the date of the Final Order entered August 12, 2012.

13. Based on the foregoing, Respondent violated Section 464.204(1)(b), Florida Statutes (2012, 2013), for intentionally violating Section 456.072(1)(q), Florida Statutes (2012, 2013), by violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this** 14th **day of** July, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and Secretary of Health

  
JUDSON SEARCY  
Assistant General Counsel  
Fla. Bar No. 98772

Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bln #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444 ex. 8100  
Facsimile: (850) 245-4683  
Email: judson.searcy@flhealth.gov

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
RK *Angal Sanders*  
E JUL 14 2014

PCP: 07/11/2014

PCP Members: Trybulski & Nichols

## NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

## NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**Case No. 2014-02763**

**TRINA D. JENKINS, C.N.A.,**

**RESPONDENT.**

---

**SETTLEMENT AGREEMENT**

Pursuant to Section 120.57(4), Florida Statutes, the above named parties hereby offer this Settlement Agreement (Agreement) and agree to entry of a Final Order of the Board of Nursing (Board) incorporating this Agreement as disposition of the Administrative Complaint, in lieu of any other administrative proceedings. The terms herein become effective only if and when a Final Order accepting this Agreement is issued by the Board and filed with the Department of Health Agency Clerk.

In considering this Agreement, the Board may review all materials gathered during the investigation of this case. If this Agreement is

rejected, it, and its presentation to the Board, shall not be used against either party.

### **STIPULATED FACTS**

1. At all times material to this matter, Respondent was a certified nursing assistant in the State of Florida holding license number CNA 91034.

2. The Department charged Respondent with an Administrative Complaint that was properly served upon Respondent with violations of Chapters 456 and/or 464, Florida Statutes. A true and correct copy of the Administrative Complaint is attached hereto and incorporated by reference as Exhibit A.

3. Respondent neither admits nor denies the factual allegations contained in the Administrative Complaint.

### **STIPULATED LAW**

1. Respondent admits that he/she is subject to the provisions of Chapters 456 and 464, Florida Statutes, and the jurisdiction of the Department and the Board.



2. Respondent admits that the stipulated facts, if proven true, constitute violations of Chapter 456 and/or 464, Florida Statutes as alleged in the Administrative Complaint.

3. Respondent agrees that the Agreement is a fair, appropriate, and reasonable resolution of this pending matter.

### **PROPOSED DISPOSITION**

1. The Respondent shall pay an administrative fine in the amount of **FIFTY DOLLARS** (\$50.00) and investigative costs not to exceed **ONE THOUSAND TWO HUNDRED SEVENTY-SIX DOLLARS AND FORTY-FIVE CENTS** (\$1,276.45) within one (1) year from the date of entry of the Final Order. Payment shall be made to the Board of Nursing and mailed to, DOH/HMQACS, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Nursing Compliance Officer. **Payment must be made by cashier's check or money order ONLY.** Personal checks will **NOT** be accepted.

2. Respondent's license is **suspended** until Respondent demonstrates compliance with each and every term of the Final Order in Case No. 2011-03761, filed on August 17, 2012.

3. The Respondent shall not violate Chapter 456 or 464, Florida Statutes, the rules promulgated pursuant thereto, any other state or federal law, rule, or regulation relating to the practice or the ability to practice nursing. Violation of an order from another state/jurisdiction shall constitute grounds for violation of the Final Order accepting this Settlement Agreement.

4. It is expressly understood that this Settlement Agreement is subject to the approval of the Department and the Board, and has no force and effect until a Final Order is entered accepting this Settlement Agreement.

5. This Settlement Agreement is executed by the Respondent for the purpose of avoiding further administrative action by the Board of Nursing regarding the acts or omissions specifically set forth in the Administrative Complaint attached hereto. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with,

consideration of the Agreement. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that presentation to, and consideration of, this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings. Respondent shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law.

6. Respondent and the Department fully understand that this Settlement Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or Department against the Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached hereto. This Agreement relates solely to the current disciplinary proceedings arising from the above-mentioned Administrative Complaint and does not preclude further action by other divisions, departments, and/or sections of the Department, including but not limited to the Agency for Health Care Administration's Medicaid Program Integrity Office.

7. The Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

8. Respondent waives all rights to appeal and further review of this Agreement and these proceedings.

**WHEREFORE**, the parties hereto request the Board enter a Final Order accepting and implementing the terms of the Settlement Agreement contained herein.

**SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Trina Jenkins, C.N.A.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ whose identity is known to me by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**APPROVED** this \_\_\_\_ day of \_\_\_\_\_, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

---

Judson Searcy  
Assistant General Counsel  
FBN: 98772  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, BIN #C-65  
Tallahassee, Florida 32399-3265  
Telephone (850) 245-4444, ext. 8100  
Facsimile (850) 245-4683  
Email: Judson.searcy@flhealth.gov

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**Case No. 2014-02763**

**TRINA D. JENKINS, C.N.A.,**

**RESPONDENT.**

---

**VOLUNTARY RELINQUISHMENT OF LICENSE**

Respondent, Trina Jenkins, license number CNA 91034, hereby voluntarily relinquishes Respondent's license to practice nursing in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this case. Respondent understands that acceptance by the Board of Nursing (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes. As with any disciplinary action, this relinquishment will be reported to the National Practitioner's Data Bank.

Licensing authorities in other states may impose discipline in their jurisdiction based on discipline taken in Florida.

2. Respondent agrees to voluntarily cease practicing nursing immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from the practice of nursing until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written Final Order in this matter.

3. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, and waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in this case. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible to the public.

4. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review, or to otherwise challenge or contest the validity of this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

5. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this case.

6. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related materials by the Board shall not prejudice or preclude the Board, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.



**SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
**Trina Jenkins, C.N.A.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ whose identity is known to be by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Vision:** To be the Healthiest State In the Nation

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**AFFIDAVIT OF DILIGENT SEARCH**

DEPARTMENT OF HEALTH

Petitioner

vs

Case No. 2014-02763

TRINA D. JENKINS, C.N.A.

Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

- 1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.
- 2) That on 08/07/2014, Affiant made a diligent effort to locate TRINA D. JENKINS, C.N.A., to serve an Administrative Complaint and related papers.

3) Check applicable answer below:

\_\_\_\_\_ Affiant made personal service on Respondent or on some person at Respondent's usual place of abode over the age of 15 residing there, on (date) \_\_\_\_\_.

X Affiant was unable to make service after searching for TRINA D. JENKINS, C.N.A., on 08/7/2014, at 6207 N 49<sup>th</sup> Street, Tampa, FL, 33610. The residence had a lock box on the door and there was no answer after repeated knocks on the door. I then traveled to 6410 N 20<sup>th</sup> Street, Tampa, FL and the resident of the address reported that JENKINS does not reside there. I then traveled to 4207 Chestwood Court, Apt. 161, Tampa, FL, 33610 and the resident of the address reported that JENKINS does not reside there. The aforementioned addresses were revealed after a Driver and Vehicle Information Database and Accurant search was conducted for JENKINS on 8/7/2014.

Christopher Dickerson

Affiant

State Of Florida

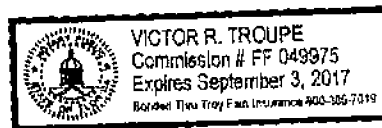
County Of HILLSBOROUGH

Before me, personally appeared CHRISTOPHER DICKERSON whose identity is known to me by Personal Knowledge \_\_\_\_\_ (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 12<sup>th</sup> day of August, 2014.

Victor R. Troupe

Notary Public-State of Florida



My Commission Expires

\_\_\_\_\_  
Type or Print Name

Exh S1-3

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

**AFFIDAVIT OF SERVICE OR DILIGENT SEARCH**

DEPARTMENT OF HEALTH

Petitioner

vs

Case No. 2014-02763

TRINA D. JENKINS, C.N.A.

Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

- 1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.
- 2) That on (date) 08/12/14, 08/21/14 and 08/22/14, Affiant made a diligent effort to locate Respondent, to serve  Administrative Complaint and related papers;  Order compelling examination(s);  Subpoena(s);  Final order;  Notice to cease and desist;  ESO/ERO and related papers.
- 3) Check applicable answer below:

Affiant made personal service on Respondent, or on some person at Respondent's usual place of abode over the age of 15 residing there, on (date) \_\_\_\_\_.

Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent shown in the DOH investigation of the case; (b) all official addresses for Respondent shown in his licensing records on the computer terminal of Board office; (c) Division of Drivers Licenses; (d) FSFN database \_\_\_\_\_

Affiant

State Of Florida

County Of Pinellas

Before me, personally appeared TAMARA ARMSTRONG whose identity is known to me by Personal Knowledge (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 22<sup>nd</sup> day of August 2014.

David J. Hayden  
Notary Public - State of Florida

My Commission Expires \_\_\_\_\_

DAVID J. HAYDEN  
Type or Print Name



**Armstrong, Tamara X**

---

**From:** Armstrong, Tamara X  
**Sent:** Friday, August 22, 2014 3:11 PM  
**To:** Searcy, Judson  
**Cc:** Broome, Ann  
**Subject:** PSU Request #201402763

Judson,

On 08/21/14, JENKINS was found using cellular number 813-850-6085, which was located in a government database. JENKINS stated that she does not use her license because it is expired and she cannot pay the fine imposed on her by the DOH. JENKINS also refused to disclose her current address and relinquish her license.

JENKINS has not been served. Supplemental will be submitted today.

*Tamara Armstrong*

Tamara Armstrong, Investigator  
Florida Department of Health  
MQA ISU St Petersburg  
Ph. 727-552-1148 /Fax: 727-552-1157

<http://survey.doh.state.fl.us/survey/entry.jsp?id=1282149360105>

*The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county, and community efforts. Vision: To be the Healthiest State in the Nation. Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure. There have been changes to the license renewal process. Please visit [www.CEAtRenewal.com](http://www.CEAtRenewal.com) to learn more.*

Exh 1 S1-4

7196 9008 9111 1717 0503

**TO:**

Trina Jenkins CNA  
2014-02763  
ab/JS - Stip Pk  
Sent 7/18/14

Trina Jenkins  
6207 North 49 Street  
Tampa, FL 33610

RECEIPT SERVICE	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

**USPS®**  
**Receipt for**  
**Certified Mail™**

No Insurance Coverage Provided  
Do Not Use for International Mail

POSTMARK OR DATE



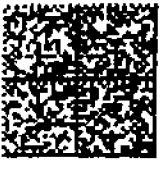
Office of the General Counsel  
 Prosecution Services Unit  
 4052 Bald Cypress Way, Bin C-65  
 Tallahassee, Florida 32399-1701

*J. Searcy*



7196 9008 9111 1717 0503

FIRST CLASS



UNITED STATES MAIL  
 \$0  
 000 428 650 JUL  
 MAILED FROM ZIP CODE

LEGAL

2014 JUL 28 PM 1:16

*VAC*

Trina Jenkins  
 6207 North 49 Street  
 Tampa, FL 33610

NIXIE

336103408-1N

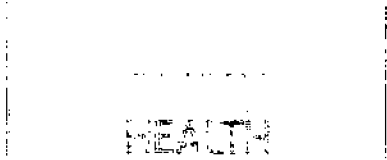
07/23/14

RETURN TO SENDER  
 VACANT  
 UNABLE TO FORWARD  
 RETURN TO SENDER



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



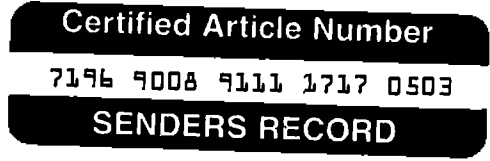
**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

July 18, 2014

Trina Jenkins  
6207 North 49 Street  
Tampa, FL 33610



RE: DOH v. Trina Jenkins, C.N.A.  
Case Number 2014-02763

Dear Ms. Jenkins:

Enclosed is a copy of an Administrative Complaint that has been filed against your license, along with an Explanation of Rights and an Election of Rights form. You have also been provided with a Settlement Agreement containing disciplinary terms I believe will be acceptable in resolving this matter. If you agree with the terms of the Settlement Agreement, please sign it before a notary public and return it to my office. Please be aware that the Settlement Agreement is subject to final approval by the Board of Nursing. A Voluntary Relinquishment form has also been included in this package for your consideration. Voluntarily relinquishing your license is considered disciplinary action. However, signing the Voluntary Relinquishment form will allow you to avoid costs and forgo further disciplinary hearings.

You may also want to read and understand the several provisions of Florida Statutes and administrative rules related to this disciplinary action. For further information, please consult with your attorney or refer to the following websites: [www.leg.state.fl.us](http://www.leg.state.fl.us) and <http://www.flrules.org>.

If you accept the Settlement Agreement, your case will be scheduled for the next available Board meeting for consideration. Your attendance at this meeting may be required. You will receive details regarding the meeting date, time, and location once the case is scheduled. If the Board accepts the Settlement Agreement, then its terms become the final resolution of the case. Should the Board not accept the Settlement Agreement, then your response on the Election of Rights form will determine how the case will proceed.

**PLEASE NOTE the signed and notarized Election of Rights form must be received by the Department of Health within twenty-one (21) days of the date you were served. Failure to file this form within twenty-one (21) days may be considered a waiver of your right to dispute the allegations in this matter.**

Sincerely,

Judson Searcy  
Assistant General Counsel

JS/ab

Enclosures: Administrative Complaint, Election of Rights, Explanation of Rights  
Settlement Agreement and Voluntary Relinquishment

**ELECTION OF RIGHTS**

**Case Name: Trina D. Jenkins, C.N.A.**

**Case No. 2014-02763**

**PLEASE SELECT ONLY 1 OF THE 3 OPTIONS**

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

**OPTION 1.** \_\_\_\_ **I do not dispute the allegations** of fact in the Administrative Complaint, but do wish to be accorded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

**OPTION 2.** \_\_\_\_ **I do not dispute the allegations** of fact contained in the Administrative Complaint and **waive my right** to object or to be heard. I request that the Board enter a final order pursuant to Section 120.57, Florida Statutes.

**OPTION 3.** \_\_\_\_ **I do dispute the allegations** of fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. **I specifically dispute the following paragraphs of the Administrative Complaint:**

\_\_\_\_\_  
\_\_\_\_\_

**In addition to the above selection, I also elect the following:**

- ( ) I accept the terms of the Settlement Agreement, have signed and am returning the Settlement Agreement **or** I am interested in settling this case.
- ( ) I do not wish to continue practicing and have signed and returned the Voluntary Relinquishment of licensure form.

Regardless of which option I have selected, I understand that I will be given notice of time, date, and place when this matter is to be considered by the Board for Final Action. Mediation under Section 120.573, Florida Statutes, is not available in this matter. (Please sign and complete all the information below.)

\_\_\_\_\_  
Respondent Signature  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, whose identity is known to be by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Judson Searcy, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444; FAX (850) 245-4683- TDD 1-800-955-8771.**



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**EXPLANATION OF RIGHTS**

In response to the allegations set forth in the Administrative Complaint issued by the Department of Health, you should make **ONE OF THREE** of the following elections within twenty-one (21) days from the date of receipt of the Administrative Complaint. Please make your election on the attached Election of Rights form and return it fully executed to the address listed on the form. **Your Election of Rights must be received by the Department within twenty-one (21) days of the date you were served.**

Option 1 – If you do not dispute any material fact alleged in the Administrative Complaint, you may request a proceeding pursuant to Section 120.57(2), Florida Statutes, before the Board. At this proceeding you will be given an opportunity to present both written and oral evidence in mitigation of the allegations contained in the Administrative Complaint. This request should be directed to the Department by checking the appropriate space, marked as Option 1, on the Election of Rights form.

Option 2 – If you do not dispute any material fact alleged in the Administrative Complaint and you do not desire to participate in the disposition of the case, you may elect Option 2 on the Election of Rights form.

Option 3 – If you do dispute any material fact alleged in the Administrative Complaint, you may request a formal hearing and the appointment of an Administrative Law Judge with the Division of Administrative Hearings pursuant to Section 120.569(2)(a), Florida Statutes, by checking the appropriate space, marked as Option 3, on the Election of Rights form. You must also specifically indicate which paragraphs you dispute in the Administrative Complaint pursuant to Rule 28-106.2015(5)(c), Florida Administrative Code. Failure to do so may be considered a waiver of your right to dispute the allegations at a formal hearing.

Regardless of whether you dispute any material fact alleged in the Administrative Complaint and after choosing one of the three options above, you may also sign the Settlement Agreement or request the opportunity to enter into a Settlement Agreement to resolve this case, pursuant to Section 120.57(4), Florida Statutes. If you accept the Settlement Agreement, it will be presented to the Board for approval. Please be advised that a Final Order approving a Settlement Agreement is considered disciplinary action and will be reported as such.

You may also sign the Voluntary Relinquishment of license, which will be presented to the Board for approval. Please be advised that a Final Order accepting the Voluntary Relinquishment is considered disciplinary action and will be reported as such.

**Failure to file the Election of Rights form within twenty-one (21) days may be considered a waiver of your right to dispute the allegations in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear the case and impose discipline against your license.**

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-02763

TRINA D. JENKINS, C.N.A.,

RESPONDENT.

---

ADMINISTRATIVE COMPLAINT

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Trina D. Jenkins, C.N.A., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a certified nursing assistant (C.N.A.) within the state of Florida, having been issued license number CNA 91034.

3. Respondent's address of record is 6207 North 49th Street, Tampa, Florida 33610.

4. Respondent may reside at 1614 North Orange Avenue, Sarasota, Florida 34236.

5. On August 12, 2012, the Board of Nursing filed a Final Order in case number 2011-03761.

6. The Final Order required Respondent to enroll in and successfully complete courses in Legal Aspects of Nursing and Nursing Ethics, and to submit verification of course content and completion to the Nursing Compliance Officer within six months from the date of the Order.

7. The Final Order required Respondent to pay costs of \$1,083.32 within one year from the date of entry of the Final Order.

8. Respondent failed to submit verification of course content and completion for courses in Legal Aspects of Nursing and Nursing Ethics to the Nursing Compliance Officer within six months from the date of the Order filed August 12, 2012.

9. Respondent failed to pay costs of \$1,083.32 within one year from the date of entry of the Final Order on August 12, 2012.

10. Section 464.204(1)(b), Florida Statutes (2012, 2013), provides intentionally violating any provision of chapter 464, chapter 456, or the rules adopted by the board, constitutes grounds for disciplinary action.

11. Section 456.072(1)(q), Florida Statutes, (2012, 2013), provides that violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department, constitutes grounds for disciplinary action.

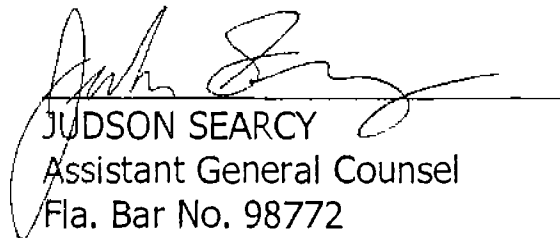
12. Respondent violated a lawful order of the Board of Nursing by failing to submit verification of course content and completion for courses in Legal Aspects of Nursing and Nursing Ethics to the Nursing Compliance Officer within six months and failing to pay costs within one year from the date of the Final Order entered August 12, 2012.

13. Based on the foregoing, Respondent violated Section 464.204(1)(b), Florida Statutes (2012, 2013), for intentionally violating Section 456.072(1)(q), Florida Statutes (2012, 2013), by violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED** this 14<sup>th</sup> day of July, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and Secretary of Health



JUDSON SEARCY  
Assistant General Counsel  
Fla. Bar No. 98772  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444 ex. 8100  
Facsimile: (850) 245-4683  
Email: judson.searcy@flhealth.gov

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
RK *Angel Sanders*  
E JUL 14 2014

PCP: 07/11/2014

PCP Members: Trybulski & Nichols

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**Case No. 2014-02763**

**TRINA D. JENKINS, C.N.A.,**

**RESPONDENT.**

\_\_\_\_\_ /

**SETTLEMENT AGREEMENT**

Pursuant to Section 120.57(4), Florida Statutes, the above named parties hereby offer this Settlement Agreement (Agreement) and agree to entry of a Final Order of the Board of Nursing (Board) incorporating this Agreement as disposition of the Administrative Complaint, in lieu of any other administrative proceedings. The terms herein become effective only if and when a Final Order accepting this Agreement is issued by the Board and filed with the Department of Health Agency Clerk.

In considering this Agreement, the Board may review all materials gathered during the investigation of this case. If this Agreement is

rejected, it, and its presentation to the Board, shall not be used against either party.

### **STIPULATED FACTS**

1. At all times material to this matter, Respondent was a certified nursing assistant in the State of Florida holding license number CNA 91034.

2. The Department charged Respondent with an Administrative Complaint that was properly served upon Respondent with violations of Chapters 456 and/or 464, Florida Statutes. A true and correct copy of the Administrative Complaint is attached hereto and incorporated by reference as Exhibit A.

3. Respondent neither admits nor denies the factual allegations contained in the Administrative Complaint.

### **STIPULATED LAW**

1. Respondent admits that he/she is subject to the provisions of Chapters 456 and 464, Florida Statutes, and the jurisdiction of the Department and the Board.



2. Respondent admits that the stipulated facts, if proven true, constitute violations of Chapter 456 and/or 464, Florida Statutes as alleged in the Administrative Complaint.

3. Respondent agrees that the Agreement is a fair, appropriate, and reasonable resolution of this pending matter.

### **PROPOSEDDISPOSITION**

1. The Respondent shall pay an administrative fine in the amount of **FIFTY DOLLARS** (\$50.00) and investigative costs not to exceed **ONE THOUSAND TWO HUNDRED SEVENTY-SIX DOLLARS AND FORTY-FIVE CENTS** (\$1,276.45) within one (1) year from the date of entry of the Final Order. Payment shall be made to the Board of Nursing and mailed to, DOH/HMQACS, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Nursing Compliance Officer. **Payment must be made by cashier's check or money order ONLY.** Personal checks will **NOT** be accepted.

2. Respondent's license is **suspended** until Respondent demonstrates compliance with each and every term of the Final Order in Case No. 2011-03761, filed on August 17, 2012.

3. The Respondent shall not violate Chapter 456 or 464, Florida Statutes, the rules promulgated pursuant thereto, any other state or federal law, rule, or regulation relating to the practice or the ability to practice nursing. Violation of an order from another state/jurisdiction shall constitute grounds for violation of the Final Order accepting this Settlement Agreement.

4. It is expressly understood that this Settlement Agreement is subject to the approval of the Department and the Board, and has no force and effect until a Final Order is entered accepting this Settlement Agreement.

5. This Settlement Agreement is executed by the Respondent for the purpose of avoiding further administrative action by the Board of Nursing regarding the acts or omissions specifically set forth in the Administrative Complaint attached hereto. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with,

consideration of the Agreement. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that presentation to, and consideration of, this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings. Respondent shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law.

6. Respondent and the Department fully understand that this Settlement Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or Department against the Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached hereto. This Agreement relates solely to the current disciplinary proceedings arising from the above-mentioned Administrative Complaint and does not preclude further action by other divisions, departments, and/or sections of the Department, including but not limited to the Agency for Health Care Administration's Medicaid Program Integrity Office.

7. The Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

8. Respondent waives all rights to appeal and further review of this Agreement and these proceedings.

**WHEREFORE**, the parties hereto request the Board enter a Final Order accepting and implementing the terms of the Settlement Agreement contained herein.

**SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Trina Jenkins, C.N.A.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ whose identity is known to me by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**APPROVED** this \_\_\_\_ day of \_\_\_\_\_, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

---

Judson Searcy  
Assistant General Counsel  
FBN: 98772  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, BIN #C-65  
Tallahassee, Florida 32399-3265  
Telephone (850) 245-4444, ext. 8100  
Facsimile (850) 245-4683  
Email: Judson.searcy@flhealth.gov

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**Case No. 2014-02763**

**TRINA D. JENKINS, C.N.A.,**

**RESPONDENT.**

\_\_\_\_\_ /

**VOLUNTARY RELINQUISHMENT OF LICENSE**

Respondent, Trina Jenkins, license number CNA 91034, hereby voluntarily relinquishes Respondent's license to practice nursing in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this case. Respondent understands that acceptance by the Board of Nursing (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes. As with any disciplinary action, this relinquishment will be reported to the National Practitioner's Data Bank.

Licensing authorities in other states may impose discipline in their jurisdiction based on discipline taken in Florida.

2. Respondent agrees to voluntarily cease practicing nursing immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from the practice of nursing until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written Final Order in this matter.

3. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, and waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in this case. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible to the public.

4. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review, or to otherwise challenge or contest the validity of this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

5. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this case.

6. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related materials by the Board shall not prejudice or preclude the Board, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.



**SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
**Trina Jenkins, C.N.A.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ whose identity is known to be by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-02763**

**TRINA D. JENKINS, C.N.A.,**

**RESPONDENT.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Trina D. Jenkins, C.N.A., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a certified nursing assistant (C.N.A.) within the state of Florida, having been issued license number CNA 91034.

3. Respondent's address of record is 6207 North 49th Street, Tampa, Florida 33610.

4. Respondent may reside at 1614 North Orange Avenue, Sarasota, Florida 34236.

5. On August 12, 2012, the Board of Nursing filed a Final Order in case number 2011-03761.

6. The Final Order required Respondent to enroll in and successfully complete courses in Legal Aspects of Nursing and Nursing Ethics, and to submit verification of course content and completion to the Nursing Compliance Officer within six months from the date of the Order.

7. The Final Order required Respondent to pay costs of \$1,083.32 within one year from the date of entry of the Final Order.

8. Respondent failed to submit verification of course content and completion for courses in Legal Aspects of Nursing and Nursing Ethics to the Nursing Compliance Officer within six months from the date of the Order filed August 12, 2012.

9. Respondent failed to pay costs of \$1,083.32 within one year from the date of entry of the Final Order on August 12, 2012.

10. Section 464.204(1)(b), Florida Statutes (2012, 2013), provides intentionally violating any provision of chapter 464, chapter 456, or the rules adopted by the board, constitutes grounds for disciplinary action.

11. Section 456.072(1)(q), Florida Statutes, (2012, 2013), provides that violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department, constitutes grounds for disciplinary action.

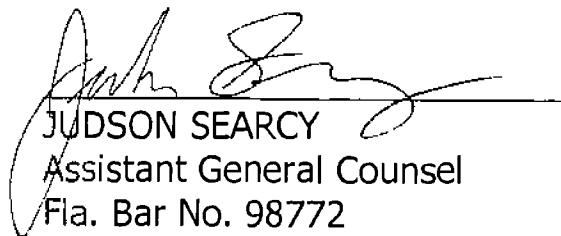
12. Respondent violated a lawful order of the Board of Nursing by failing to submit verification of course content and completion for courses in Legal Aspects of Nursing and Nursing Ethics to the Nursing Compliance Officer within six months and failing to pay costs within one year from the date of the Final Order entered August 12, 2012.

13. Based on the foregoing, Respondent violated Section 464.204(1)(b), Florida Statutes (2012, 2013), for intentionally violating Section 456.072(1)(q), Florida Statutes (2012, 2013), by violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this** 14<sup>th</sup> **day of** July, **2014.**

John H. Armstrong, MD, FACS  
State Surgeon General and Secretary of Health



JUDSON SEARCY  
Assistant General Counsel  
Fla. Bar No. 98772  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444 ex. 8100  
Facsimile: (850) 245-4683  
Email: judson.searcy@flhealth.gov

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
RK *Angel Sanders*  
E JUL 14 2014

PCP: 07/11/2014

PCP Members: Trybulski & Nichols

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**MEMORANDUM OF PROBABLE CAUSE PANEL FINDINGS**

**TO: Department of Health**  
**FROM: Board of Nursing, North Probable Cause Panel**  
**SUBJECT: Trina D. Jenkins, CNA** **CASE NO.: 2014-02763**  
**DATE OF PROBABLE CAUSE MEETING: July 11, 2014**  
**Probable Cause Panel composed of: Trybulski & Nichols**

**AC-06(JS)**

The panel, having received the Investigative report and supplemental materials, having carefully reviewed said documentation and the recommendation of the agency/department, and having had the opportunity to inquire of counsel, finds that:

Probable cause exists herein that the Subject violated the following statutes/rules:  
Section 464.204(1)(b), Florida Statutes (2012, 2013), for intentionally violating Section 456.072(1)(q), Florida Statutes (2012, 2013)

The panel suggests imposing the following penalty:  
\$50 Fine, Costs, V5F Suspended until compliance with previous Final Order

Probable cause does not exist and the case should be closed with the following closure code:

In lieu of a finding of probable cause, the above named licensee shall be issued a letter of guidance to address the conduct in question:

The panel has requested supplemental or additional information on the following:

Other:

Handwritten signature of John Trybulski in cursive.  
CHAIRPERSON, PROBABLE CAUSE PANEL  
BOARD OF NURSING



Florida Department of Health  
 Consumer Services Unit  
 4052 Bald Cypress Way, BIN C-75  
 Tallahassee, FL 32399-3275

AS

- INSUFFICIENT ADDRESS
- ATTEMPTED NOT KNOWN
- NO SUCH NUMBER/STREET
- UNABLE TO FORWARD AS ADDRESSED
- OTHER

APR 11 2004  
 APR 2 2004

RETURN TO SENDER

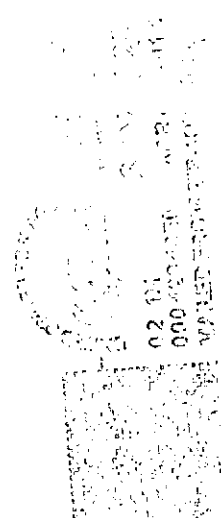
RTS

PLEASE ADVISE SENDER BY NOTICE

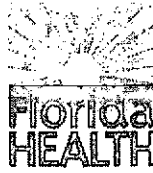
PLEASE STICKER TO TOP OR ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS FOLD A DOTTED LINE  
**CERTIFIED MAIL**




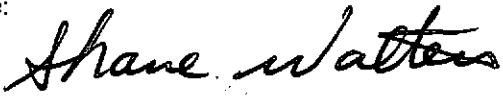
7012 3050 0001 9192 8466







### INVESTIGATIVE REPORT

Office: CONSUMER SERVICES		Date of Complaint: 2/19/14		Case Number: CNA 2014-02763	
Subject: TRINA JENKINS, CNA 6207 North 49 <sup>th</sup> Street Tampa, FL 33610			Source: DOH/COMPLIANCE MANAGEMENT UNIT 4052 Bald Cypress Way Tallahassee, FL 32399		
Prefix: 4401	License #: 91034	Profession: Certified Nursing Assistant	Board: Nursing	Report Date: 4/23/14	
Period of Investigation: 2/24/14 – 4/23/14			Type of Report: FINAL		
Alleged Violation: 464.204(1)(b), F.S., 464.018 (1)(l)(o) F.S. 456.072(1)(q)(k)(dd): Violating a Final Order of the Board, Violate statute/rule, fail to perform legal obligation					
<p><u>Synopsis:</u> This investigation is predicated on an internally generated complaint alleging JENKINS violated Final Order dated 8/17/12, case 2011-03671. JENKINS failed to submit costs of \$1,083.32 by 8/17/13 and proof of completion for a course in Ethics and Legal Aspects of Nursing by 2/27/13. (Exhibit 1)</p> <p>JENKINS was initially notified of this complaint by letter dated 2/24/14 (Exhibit. #2). Forwarded with this letter were copies of the complaint with attachments (Exhibit #1). This letter was returned by the US Postal Service. Accurant showed an address of 1614 North Orange Ave., Sarasota, FL 34236. A letter was sent regular mail on 3/10/14 and a certified letter was mailed on 4/3/14.</p> <p>A check of DOH computer licensure records on 4/23/14 revealed that JENKIN'S licensure status is currently Delinquent/Active.</p> <p>No patient(s) was/were identified thus patient notification was not required.</p> <p><b>Jenkins does not appear to be represented by counsel as of the date of this report</b></p> <p>Investigator BATES has not received a response from JENKINS. *JENKINS may be in violation of 456.035, F.S. failing to change address.</p>					
Related Case: 201402763					
Investigator/Date:  Diane Bates (HA62) 4/23/14 Government Analyst I			Approved By/Date:  Shane Walters APR 23 2014		
Distribution: Prosecution Services/Consumer Services Unit Page 1					

APR 23 11:57 AM '14  
 RECEIVED  
 COMPLIANCE

TABLE OF CONTENTS

I. INVESTIGATIVE REPORT COVER PAGE .....1

II. TABLE OF CONTENTS .....2

III. INVESTIGATIVE DETAILS

    Summary of Records .....3

Interviews/Statements:

        Statement of DEPARTMENT OF HEALTH(Source) .....3

        Statement of JENKINS (Subject).....3

IV. EXHIBITS

    1) UCF with attachments.....4-48

    2) Copy of notification/mediation Letter.....49-54

INVESTIGATIVE DETAILS

---

**SUMMARY OF RECORDS**

Exhibit #1 is a Complaint and copy of final order dated 8/17/12, case 2011-03761. Also included are copies of warning letters that were mailed on 7/26/13, 8/22/13, 8/26/13, and 9/18/13.

**STATEMENT OF DEPARTMENT OF HEALTH/COMPLIANCE-- Source**

On 2/19/14/14 Investigator BATES received an internally generated complaint alleging JENKINS violated Final Order dated 8/17/12, case 2011-03671. JENKINS failed to submit costs of \$1,083.32 by 8/17/13 and proof of completion for a course in Ethics and Legal Aspects of Nursing by 2/27/13. (Exhibit 1)

**STATEMENT OF TRINA JENKINS, CNA – Subject**

6207 North 49<sup>th</sup> Street  
Tampa, FL 33610

A response has not been received. If a response is received it will be forwarded to Prosecution Services.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

BOARD: Nursing

CASE NUMBER: 2014-14774

COMPLAINT MADE BY: Terri Urbanowicz,  
Employee Relations Consultant  
Florida Hospital  
900 Winderley Place  
Suite 1500  
Maitland, Florida 32751

COMPLAINT MADE AGAINST: Amber M. Colon, C.N.A.  
120 Alder Court  
Sanford, Florida 32773

SUBJECT'S ATTORNEY: Pro se

DATE OF COMPLAINT: September 10, 2014

INVESTIGATED BY: Jeannette Cassano,  
Investigator – Orlando

REVIEWED BY: Lindsay Wells Grogan, Esq.

RECOMMENDATION: Dismiss (4099)

CLOSING ORDER / NOTICE OF DISMISSAL

THE COMPLAINT: The complaint alleges that the Subject violated Florida Statutes by being unable to practice as a nursing assistant with reasonable skill and safety.

THE FACTS: The complaint alleges that the Subject is unable to practice as a nursing assistant with reasonable skill and safety. The instant complaint alleges that the Subject violated 464.204(1)(b) and

464.018(1)(j), Florida Statutes (2014), when, on or about December 18, 2014, L.B., M.D., conducted a Department-ordered evaluation of Ms. Colon. Dr. L.B. diagnosed Ms. Colon with occupational problems. Dr. L.B. noted concern over Ms. Colon's marijuana use and impact of her alcohol use when not working on her ability to function while subsequently at work. On or about January 7, 2015, Dr. L.B. opined to the Department that Ms. Colon cannot practice as a CNA with reasonable skill and safety.

Due to the above professional opinion, the Department issued an Emergency Restriction Order on or about January 20, 2015 restricting Ms. Colon from practicing as a certified nursing assistant until the Intervention Project for Nurses (IPN) notified the Department that Ms. Colon is safe to resume practice as a nursing assistant. An Administrative Complaint was filed on February 10, 2015.

On or about March 16, 2015, J.K., an IPN case manager, informed the Department that Ms. Colon is compliant with her IPN monitoring contract and safe to resume practice as a nursing assistant.

Due to IPN's confirmation that Ms. Colon is safe to resume the practice as a nursing assistant, it is appropriate to lift the Order of Emergency Restriction issued against Ms. Colon's certification, and it is therefore appropriate to dismiss this matter.

Section 456.076(4)(a), Florida Statutes (2014), states:

Whenever the department receives a written or oral legally sufficient complaint alleging that a licensee ... is impaired as a result of the misuse or abuse of alcohol or drugs, or both, or due to a mental or physical condition which could affect the licensee's ability to practice with skill and safety, and no complaint against the licensee other than impairment exists, the reporting of such information shall not constitute grounds for discipline pursuant to s. 456.072 or the corresponding grounds for discipline within the applicable practice act if the probable cause panel of the appropriate board, or the department when there is no board, finds: (1) The licensee has acknowledged the impairment problem. (2) The licensee has voluntarily enrolled in an appropriate, approved treatment program.

(3) The licensee has voluntarily withdrawn from practice or limited the scope of practice as required by the consultant, in each case, until such time as the panel, or the department when there is no board, is satisfied the licensee has successfully completed an approved treatment program. (4) The licensee has executed releases for medical records, authorizing the release of all records of evaluations, diagnoses, and treatment of the licensee, including records of treatment for emotional or mental conditions, to the consultant. The consultant shall make no copies or reports of records that do not regard the issue of the licensee's impairment and his or her participation in a treatment program.

As part of Ms. Colon's involvement with IPN, she has acknowledged her impairment problem. Ms. Colon has voluntarily executed an IPN monitoring agreement, and as of the date of this Order has been in compliance with all of its terms and conditions. As part of Ms. Colon's IPN monitoring contract, IPN has determined Ms. Colon is safe to currently practice as a nursing assistant, and therefore not required her to withdraw from practice. As part of Ms. Colon's IPN monitoring agreement, she has authorized the release of the required documents.

THE LAW: Pursuant to Section 456.076(4)(a), Florida Statutes (2014), there are no grounds for further discipline.

It is, therefore, ORDERED that this matter should be and the same is hereby DISMISSED.

DONE and ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

---

Chairperson, Probable Cause Panel  
Board of Nursing

LWG  
PCP Date:  
PCP Members:

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

State Surgeon General &amp; Secretary

**Vision:** To be the Healthiest State in the Nation

February 10, 2015

Amber Colon, C.N.A.  
120 Alder Court  
Sanford, FL 32773

**Certified Article Number**

7196 9008 9111 1388 4855

**SENDERS RECORD**

RE: Department of Health vs. Amber Colon, C.N.A.  
Case No. 2014-14774

Dear Ms. Colon:

Enclosed please find a copy of an Administrative Complaint that has been filed against your license by the Department of Health. An Election of Rights form and an Explanation of Rights form are also provided.

Please review the attached documents and return the Election of Rights form to my attention. You **must** sign the Election of Rights form, with your signature notarized, and return the completed form to my office within twenty-one (21) days of the date you received it. Failure to return this form within twenty-one days may result in the entry of a default judgment against you without hearing your side of the case.

Sincerely yours,

Lindsay Wells Grogan  
Assistant General Counsel  
(850) 245-4444 Ext. 8167

Enclosures

**Florida Department of Health**

Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3562  
Express mail address: 2585 Merchants Row – Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4662

**www.FloridasHealth.com**

TWITTER:HealthyFLA

FACEBOOK:FLDepartmentofHealth

YOUTUBE: fldoh

ELECTION OF RIGHTS

DOH v. Amber Colon, C.N.A.

Case No. 2014-14774

Please sign and complete all of the information below:

I received notice of the Administrative Complaint on the following date: \_\_\_\_\_

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

OPTION 1. \_\_\_\_\_ I do not dispute the allegations of material fact in the Administrative Complaint. I do wish to be afforded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. \_\_\_\_\_ I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

\_\_\_\_\_  
\_\_\_\_\_

Respondent's Signature \_\_\_\_\_  
Address: \_\_\_\_\_

Attorney/Qualified Representative\* \_\_\_\_\_  
Address: \_\_\_\_\_

Lic. No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

\*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared \_\_\_\_\_, whose identity is known to me, or who produced \_\_\_\_\_ (type of identification) as identification, and who acknowledges that his/her signature appears above.

Sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary Public-State of Florida

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Lindsay Wells Grogan, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444 ext. 8167; FAX (850) 245-4662; TDD 1-800-955-8771



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

EXPLANATION OF RIGHTS

In the event that you fail to make an election in this matter within twenty-one (21) days from receipt of the Administrative Complaint, your failure to do so may be considered a waiver of your right to elect a hearing in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code ("F.A.C."), and the Board may proceed to hear your case.

In response to the allegations set forth in the Administrative Complaint issued by the Department of Health, hereinafter referred to as the Department, you should make **ONE** of the following elections within **twenty-one (21) days** from the date of receipt of the Administrative Complaint. Please make your election on the attached Election of Rights form and return it completed and signed before a notary to the address listed on the form.

**OPTION 1: If you do not dispute any material fact alleged in the Administrative Complaint, you should select Option 1.**

Once the Department receives your Election of Rights that does not dispute any material facts in the Administrative Complaint, you will receive a letter acknowledging your election and informing you of the options available to resolve your case.

**OPTION 2: If you dispute any material fact alleged in the Administrative Complaint, you may request a formal hearing and the appointment of an Administrative Law Judge to be furnished by the Division of Administrative Hearings, pursuant to Section 120.569(2)(a), Florida Statutes, by selecting Option 2 on the Election of Rights form.**

You must indicate which facts you dispute in the Administrative Complaint pursuant to Rule 28-106.2015(5), F.A.C.

If you elect a formal hearing, you must keep the Department informed as to your current mailing address. Failure to do so may be considered a waiver of your right to a formal hearing.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-14774**

**AMBER M. COLON, C.N.A.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

Petitioner, Department of Health, by and through undersigned counsel, files this Administrative Complaint before the Board of Nursing against Respondent, Amber M. Colon, C.N.A., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Chapters 20.43, Florida Statutes (2014); Chapter 456, Florida Statutes (2014); and Chapter 464, Florida Statutes (2014).

2. At all times material to this Complaint, Respondent was certified to practice as a nursing assistant within the State of Florida,

having been issued certification number C.N.A. 250894, and worked at Florida Health (FH) located in Orlando, Florida.

3. Respondent's address of record is 120 Alder Court, Sanford, Florida 32773.

4. On or about December 18, 2014, L.B., M.D., conducted a Department-ordered evaluation of Ms. Colon.

5. Dr. L.B. diagnosed Ms. Colon with occupational problems.

6. Dr. L.B. noted concern over Ms. Colon's marijuana use and impact of her alcohol use when not working on her ability to function while subsequently at work.

7. On or about January 7, 2015, Dr. L.B. opined to the Department that Ms. Colon cannot practice as a CNA with reasonable skill and safety.

8. Section 464.204(1)(b), Florida Statutes (2014), allows the Board of Nursing to impose discipline against a certified nursing assistant for intentionally violating any provision of Chapter 464, Florida Statutes, Chapter 456, Florida Statutes, or any rule adopted by the Board of Nursing.

9. Section 464.018(1)(j), Florida Statutes (2014), authorizes discipline against a licensee for being unable to practice nursing with

reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.

10. Respondent violated Sections 464.204(1)(b) and 464.018(1)(j), Florida Statutes (2014), by being unable to practice as a nursing assistant with reasonable skill and safety to patients by reason of one or more of the following:

- (a) occupational problems;
- (b) marijuana use; and/or
- (c) alcohol use.

WHEREFORE, Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's certification, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other

relief that the Board deems appropriate.

SIGNED this 9<sup>th</sup> day of February, 2015.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

Lindsay Wells Grogan  
Lindsay Wells Grogan  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088564  
(850)245 - 4444 x8167 Telephone  
(850)245 - 4662 Facsimile

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: Bridget Coates

DATE 2-10-2015

PCP Date: February 9, 2015  
PCP Members: Cathy Gordon; Claydell Horne

### **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

### **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition any other discipline imposed.**

7196 9008 9111 1388 4855

**TO:**  
Amber Colon, C.N.A.  
120 Alder Court  
Sanford, FL 32773

**SENDER:**  
Lindsay Wells Grogan  
AC Pack 14-14774

**REFERENCE:**

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

**USPS®**  
**Receipt for**  
**Certified Mail™**

No Insurance Coverage Provided  
Do Not Use for International Mail

POSTMARK OR DATE

2/11/2015

2. Article Number



7196 9008 9111 1388 4855

3. Service Type **CERTIFIED MAIL™**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

*Sandra Cloud* 2-13

C. Signature

**X**

Agent

Addressee

D. Is delivery address different from item 1?  
If YES, enter delivery address below:

Yes  
 No

**Reference Information**

Amber Colon, C.N.A.  
120 Alder Court  
Sanford, FL 32773

Wells Grogan  
14-14774 AC Pack

2015 FEB 18 AM 9:25  
PRACTITIONER REGULATION  
LEGAL

PS Form 3811, January 2005

Domestic Return Receipt

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-14774**

**AMBER M. COLON, C.N.A.,**

**RESPONDENT.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

Petitioner, Department of Health, by and through undersigned counsel, files this Administrative Complaint before the Board of Nursing against Respondent, Amber M. Colon, C.N.A., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Chapters 20.43, Florida Statutes (2014); Chapter 456, Florida Statutes (2014); and Chapter 464, Florida Statutes (2014).
2. At all times material to this Complaint, Respondent was certified to practice as a nursing assistant within the State of Florida,



having been issued certification number C.N.A. 250894, and worked at Florida Health (FH) located in Orlando, Florida.

3. Respondent's address of record is 120 Alder Court, Sanford, Florida 32773.

4. On or about December 18, 2014, L.B., M.D., conducted a Department-ordered evaluation of Ms. Colon.

5. Dr. L.B. diagnosed Ms. Colon with occupational problems.

6. Dr. L.B. noted concern over Ms. Colon's marijuana use and impact of her alcohol use when not working on her ability to function while subsequently at work.

7. On or about January 7, 2015, Dr. L.B. opined to the Department that Ms. Colon cannot practice as a CNA with reasonable skill and safety.

8. Section 464.204(1)(b), Florida Statutes (2014), allows the Board of Nursing to impose discipline against a certified nursing assistant for intentionally violating any provision of Chapter 464, Florida Statutes, Chapter 456, Florida Statutes, or any rule adopted by the Board of Nursing.

9. Section 464.018(1)(j), Florida Statutes (2014), authorizes discipline against a licensee for being unable to practice nursing with

reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.

10. Respondent violated Sections 464.204(1)(b) and 464.018(1)(j), Florida Statutes (2014), by being unable to practice as a nursing assistant with reasonable skill and safety to patients by reason of one or more of the following:

- (a) occupational problems;
- (b) marijuana use; and/or
- (c) alcohol use.

WHEREFORE, Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's certification, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other

relief that the Board deems appropriate.

**SIGNED** this 9<sup>th</sup> day of February, 2015.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

L Wells Grogan  
Lindsay Wells Grogan  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088564  
(850)245 – 4444 x8167 Telephone  
(850)245 – 4662 Facsimile

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: Bridget Coates

DATE 2-10-2015

PCP Date: February 9, 2015  
PCP Members: Cathy Gordon; Claydell Horne

### **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

### **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition any other discipline imposed.**



STATE OF FLORIDA  
**DEPARTMENT OF HEALTH**  
INVESTIGATIVE REPORT



Office: Orlando Area- VII	Date of Complaint: 09/10/2014	201414774
Subject: AMBER M. COLON, C.N.A. 120 Alder Court, Sanford, Fl. 32773 (321) 363-6814	Source: TERRI URBANOWICZ Employee Relations Consultant Florida Hospital 900 Winderley Place, Suite 1500 Maitland, Florida 32751 (407) 200-2477	
Profession: Certified Nursing Assistant	License Number and Status: -Emergency Restriction, Active	
Related Case(s): None	Period of Investigation and Type of Report: 01/20/2015 through 02/06/2015-SUPPLEMENTAL-2	
Alleged Violation: FS 456.072(k)(z)(aa)(dd), 456.074(3) and 464.018(1)(j)(o)		
<p>Synopsis: This supplemental investigation is predicated upon receipt of a PSU Request Form received from LINDSY WELLS GROGAN, Esq., of the Department of Health's Legal Department requesting hand service of an Order of Emergency Restriction of Certification on AMBER M. COLON, C.N.A.,(S2-1).</p> <p>On 01/22/2015, travel was conducted by this Investigator to COLON'S residence of 120 Alder Court Sanford, Florida 32773. A business card was left wedged in the door jamb requesting return contact, as nobody appeared home. On 01/22/2015, COLON made telephonic contact. She explained that she could not be available until 01/26/2015, to receive the order. On 01/26/2015, this Investigator made a return trip to COLON'S Alder Court residence and completed serve via hand delivery to COLON.</p> <p>The Affidavit of Diligent Search or Service was completed on 02/02/2015, (S2-2).</p> <p>Exhibits:  (S2-1) PSU Request Form..... 2-10  (S2-2) Affidavit of Service or Diligent Search ..... 11</p>		
Investigator/Date: <i>Paul D Kloko</i> Paul D. Kloko Investigation Specialist II 02/06/2015	Approved By/Date: <i>Shelly Simon</i> Paula (Shelly) Simon Investigation Manager 02/06/2015	
Distribution: HQ/ISU		Page 1

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**PSU REQUEST FORM**

FROM: Alyson Motes for Lindsay Wells Grogan, Esq.	TO: ISU Paula Simon, Orlando Investigation Manager
Date: 1/20/15	TO: CSU
Phone #: (850) 245-4444 X 8167	CC: Lisa McCracken

<b>Case Number:</b> 2014-14774	<b>Board:</b> Nursing	<b>Status:</b> 90
<b>Subject:</b> Amber M. Colon, C.N.A.	<b>HL Code:</b> HII118A	
<b>Requested Completion Date:</b> ASAP		

**(PSU) TYPE OF REQUEST:** (describe details below)

- Process Service\* (Activity Code 160)
- Additional Information Requested (Activity Code 145)
- Deficiency in Investigative Work (Activity Code 150)

**Details:** Please serve the attached ERO. Thank you.

\*The following additional information is needed for each service request:

Last Known Address 120 Alder Court, Sanford, Florida 32773  
 Last Known Name & Phone Number: Amber M. Colon, C.N.A., 321-363-6814.  
 Last Known Place of Employment & Address if Known:  
 Has Contact Been Made With This Individual? YES  No ; If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent?  
 YES \*\* No  NOTE: All process service requests need to be sent to appropriate field office.

**\*\*IF YES, please send a copy of the original Investigative Report without attachments.**

**(ISU/CSU) RESPONSE:**

- Process Service Completed (Activity Code 161)  Process Service NOT Completed (Activity Code 162)
- Additional Info Sent to Legal (Activity Code 156)
- Supp. Investigation Request Cancelled (Activity Code 157)

**Email to:**

Pensacola	Tallahassee	Alachua	Jacksonville	St. Pete	Tampa	Orlando	Ft. Myers	West Palm	FL Lauderdale	Miami
	Consumer Services	ULA								

Final Order No. DOH-15-0104-<sup>ERD</sup>-MQA

FILED DATE 1/20/15  
Department of Health

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

By: Doreen Sanders  
Deputy Agency Clerk

In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

**ORDER OF EMERGENCY RESTRICTION OF CERTIFICATION**

John H. Armstrong, MD, FACS, State Surgeon General, ORDERS the  
Emergency Restriction of the certification of Amber M. Colon (Ms. Colon) to  
practice as a nursing assistant in the state of Florida. Ms. Colon holds  
certification number CNA 250894. Her address of record is 120 Alder Court,  
Sanford, Florida 32773. The following Findings of Fact and Conclusions of  
Law support the Emergency Restriction of Ms. Colon's certification to practice  
as a nursing assistant.

**FINDINGS OF FACT**

1. The Department of Health (Department) is the state agency  
charged with regulating nursing assistants, pursuant to Chapters 20, 456 and  
464, Florida Statutes (2014). Section 456.073(8), Florida Statutes (2014),  
authorizes the State Surgeon General to summarily restrict Ms. Colon's  
certification to practice as a nursing assistant in the state of Florida, in  
accordance with Section 120.60(6), Florida Statutes (2014).

In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

2. At all times material to this Order, Ms. Colon was a certified nursing assistant within the state of Florida, and was employed at Florida Health (FH) located in Orlando, Florida.

3. On or about August 17, 2014, FH scheduled Ms. Colon for work. Ms. Colon arrived late to her shift. L.G., Auxiliary Midwife Nurse at FH, smelled the odor of alcohol coming from Ms. Colon's breath as she spoke and observed that Ms. Colon's eyes were glassy and red.

4. L.G. met with T.U., Employee Relations Consultant at FH, and relayed her observations of Ms. Colon, expressed her concerns, and recommended that Ms. Colon undergo a fitness-for-duty drug screen.

5. On or about August 17, 2014, Ms. Colon submitted to a fitness-for-duty drug screen, which returned positive for marijuana and alcohol.

6. Tetrahydrocannabinols (THC) are the psychoactive ingredients in marijuana, or cannabis. According to Section 893.03(1), Florida Statutes (2014), THC is a Schedule I controlled substance that has a high potential for abuse and has no currently accepted medical use in treatment in Florida. Its use under medical supervision does not meet accepted safety standards.

7. FH terminated Ms. Colon's employment.

8. On or about December 18, 2014, L.B., M.D., conducted a



In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

Department-ordered evaluation of Ms. Colon.

9. Dr. L.B. diagnosed Ms. Colon with occupational problems. Dr. L.B. noted concern over Ms. Colon's marijuana use and impact of her alcohol use when not working on her ability to function while subsequently at work.

10. On or about January 7, 2014, Dr. L.B. opined to the Department that Ms. Colon cannot practice as a CNA with reasonable skill and safety. Dr. L.B. recommended that Ms. Colon participate in the Intervention Project for Nurses (IPN).

11. IPN is the impaired practitioner program for the Board of Nursing, pursuant to Section 456.076, Florida Statutes (2014). IPN monitors the evaluation, care and treatment of impaired nurses. IPN oversees random drug screens and provides for the exchange of information between treatment providers, evaluators and the Department for the protection of the public.

12. In the course of their practice, certified nursing assistants provide direct patient care, which includes transporting patients and maintaining patient hygiene. Certified nursing assistants must consistently attend to patient needs by vigilantly monitoring and by accurately recording patient activities to facilitate medical diagnosis and treatment. Because a certified

In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

nursing assistant who is impaired by occupational problems; marijuana use; and/or alcohol use, may not be capable of providing patient care in a manner that is correct and safe, Ms. Colon's continued unrestricted practice as a nursing assistant presents a risk of immediate serious danger to the health, welfare and safety of the public.

13. An independent medical expert has determined that Ms. Colon is unsafe to practice as a nursing assistant with reasonable skill and safety without an IPN monitoring contact. Based on that expert's opinion and recommendation of the requirements Ms. Colon must complete in order to return to practice as a nursing assistant with reasonable skill and safety to patients, there are no less-restrictive terms than those outlined in this Order that will adequately protect the public. Because Ms. Colon's diagnoses affect her judgment and her ability to practice as a nursing assistant, it is impossible to craft a lesser restriction that would adequately protect the public from the danger posed by Ms. Colon's unrestricted practice as a nursing assistant.

#### CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the State Surgeon General concludes as follows:

In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

1. The State Surgeon General has jurisdiction over this matter pursuant to Sections 20.43 and 456.073(8), Florida Statutes (2014), and Chapter 464, Florida Statutes (2014).

2. Section 464.204(1)(b), Florida Statutes (2014), authorizes discipline, including restriction, against a licensee for intentionally violating any provision of Chapters 464, and 456, Florida Statutes (2014), or the rules adopted by the Board.

3. Section 464.018(1)(j), Florida Statutes (2014), authorizes discipline, including restriction, against a licensee for being unable to practice with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.

4. Ms. Colon violated Section 464.018(1)(j), Florida Statutes (2014), by being unable to practice as a nursing assistant with reasonable skill and safety to patients by reason of her occupational problems; marijuana use; and/or alcohol use.

5. Section 120.60(6), Florida Statutes (2014), authorizes the State Surgeon General to summarily restrict a nursing assistant's certification upon

In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

a finding that the nursing assistant presents an immediate, serious danger to the public health, safety or welfare.

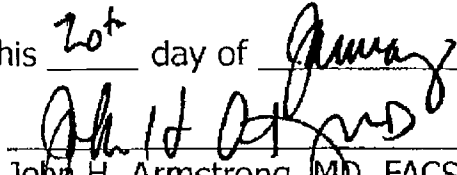
6. Ms. Colon's continued unrestricted practice as a certified nursing assistant constitutes an immediate, serious danger to the health, safety, or welfare of the citizens of the State of Florida, and this summary procedure is fair under the circumstances to adequately protect the public.

WHEREFORE, in accordance with Section 120.60(6), Florida Statutes (2014), it is ORDERED THAT:

1. The certification of Ms. Colon, certification number CNA 250894, is immediately restricted to prohibit Ms. Colon from practicing as a nursing assistant until IPN informs the Department that Ms. Colon is safe to practice.

2. A proceeding seeking discipline of the certification of Ms. Colon to practice as a certified nursing assistant will be promptly instituted and acted upon in compliance with Sections 120.569 and 120.60(6), Florida Statutes (2014).

DONE and ORDERED this 20<sup>th</sup> day of January, 2015.

  
\_\_\_\_\_  
John H. Armstrong, MD, FACS  
State Surgeon General  
and Secretary of Health

In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

COUNSEL FOR DEPARTMENT:  
Lindsay Wells Grogan  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088564  
(850) 245 – 4444 x8167 Telephone  
(850) 245 – 4662 Facsimile

In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 230894  
Case Number 2014-14774

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

Pursuant to Sections 120.60(6), and 120.68, Florida Statutes, the Department's findings of immediate danger, necessity, and procedural fairness shall be judicially reviewable. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing one copy of a Petition for Review, in accordance with Florida Rule of Appellate Procedure 9.100, with the Department of Health and a second copy of the petition accompanied by a filing fee prescribed by law with the District Court of Appeal within thirty (30) days of the date this Order is filed.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT OF SERVICE OR DILIGENT SEARCH**

Department of Health

Petitioner

vs

Case No. 2014014774

Amber M. Colon, C.N.A.

Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.

2) That on 01/22/2015 and 01/26/2015, Affiant made a diligent effort to locate Respondent, to serve \_\_\_ Administrative Complaint and related papers; \_\_\_ Order compelling examination(s); Subpoena(s); \_\_\_ Final order; \_\_\_ Notice to cease and desist; \_\_\_ x \_\_\_ ESO/ERO and related papers.

3) Check applicable answer below:

X Affiant made personal service on Amber M. Colon, C.N.A. at her usual place of abode on 01/26/2015 at 120 Alder Court, Sanford, Florida, 32773.

\_\_\_ Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent shown in the DOH investigation of the case; (b) all official addresses for Respondent shown in his licensing records on the computer terminal or Board office; (c) Local telephone company for the last area Respondent was known to frequent; (d) Division of Drivers

Licenses; and (e) Utilities (electric, cable, etc.); any others: \_\_\_\_\_

[Signature]  
Affiant

State Of Florida

County Of Orange

Before me, personally appeared Paul D. Kloko whose identity is known to me by Personal Knowledge and who, acknowledges that her signature appears above.

Sworn to or affirmed by Affiant before me this 2nd day of February 2015.

[Signature]  
Notary Public-State of Florida

My Commission Expires

Type or Print Name



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK Angel Sanders  
DATE JAN 21 2015

DEPARTMENT OF HEALTH,

Petitioner,

v.

CASE NO. 2014-14774

AMBER M. COLON, C.N.A.,

Respondent

\_\_\_\_\_ /

**NOTICE OF SCRIVENER'S ERROR**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Notice of Scrivener's Error, and as grounds therefor states:

1. On January 20, 2015, Petitioner filed its Order of Emergency Restriction of Certification ("ERO") against Respondent with the Petitioner's Deputy Clerk.

2. In paragraph 10 of the ERO's Findings of Fact, the date currently reads "January 7, 2014." The date in this paragraph should read "January 7, 2015."

3. Petitioner moves to correct these errors by filing this Notice of Scrivener's Error.

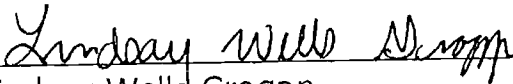


4. The correction of these errors is of no prejudice to Respondent and makes no substantive change to the ERO.

5. By copy of this Notice, Petitioner is advising Respondent of this error.

WHEREFORE, Petitioner requests that the Board take Notice of the Petitioner's Notice of Scrivener's Error as detailed above.

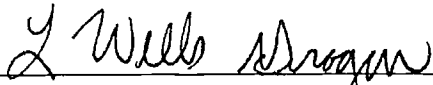
Respectfully submitted,

  
Lindsay Wells Grogan  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088564  
(850) 245 - 4444 x8167 Telephone  
(850) 245 - 4662 Facsimile

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished via U.S. Mail and certified mail this 21<sup>st</sup> day of January 2015, to:

Amber M. Colon  
120 Alder Court  
Sanford, Florida 32773  
*Respondent*

  
\_\_\_\_\_  
Lindsay Wells Grogan, Esq.  
Assistant General Counsel

FILED DATE 1/20/15  
Department of HealthBy: Angela Sanders  
Deputy Agency Clerk**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

**ORDER OF EMERGENCY RESTRICTION OF CERTIFICATION**

John H. Armstrong, MD, FACS, State Surgeon General, ORDERS the Emergency Restriction of the certification of Amber M. Colon (Ms. Colon) to practice as a nursing assistant in the state of Florida. Ms. Colon holds certification number CNA 250894. Her address of record is 120 Alder Court, Sanford, Florida 32773. The following Findings of Fact and Conclusions of Law support the Emergency Restriction of Ms. Colon's certification to practice as a nursing assistant.

**FINDINGS OF FACT**

1. The Department of Health (Department) is the state agency charged with regulating nursing assistants, pursuant to Chapters 20, 456 and 464, Florida Statutes (2014). Section 456.073(8), Florida Statutes (2014), authorizes the State Surgeon General to summarily restrict Ms. Colon's certification to practice as a nursing assistant in the state of Florida, in accordance with Section 120.60(6), Florida Statutes (2014).

2. At all times material to this Order, Ms. Colon was a certified nursing assistant within the state of Florida, and was employed at Florida Health (FH) located in Orlando, Florida.

3. On or about August 17, 2014, FH scheduled Ms. Colon for work. Ms. Colon arrived late to her shift. L.G., Auxiliary Midwife Nurse at FH, smelled the odor of alcohol coming from Ms. Colon's breath as she spoke and observed that Ms. Colon's eyes were glassy and red.

4. L.G. met with T.U., Employee Relations Consultant at FH, and relayed her observations of Ms. Colon, expressed her concerns, and recommended that Ms. Colon undergo a fitness-for-duty drug screen.

5. On or about August 17, 2014, Ms. Colon submitted to a fitness-for-duty drug screen, which returned positive for marijuana and alcohol.

6. Tetrahydrocannabinols (THC) are the psychoactive ingredients in marijuana, or cannabis. According to Section 893.03(1), Florida Statutes (2014), THC is a Schedule I controlled substance that has a high potential for abuse and has no currently accepted medical use in treatment in Florida. Its use under medical supervision does not meet accepted safety standards.

7. FH terminated Ms. Colon's employment.

8. On or about December 18, 2014, L.B., M.D., conducted a

Department-ordered evaluation of Ms. Colon.

9. Dr. L.B. diagnosed Ms. Colon with occupational problems. Dr. L.B. noted concern over Ms. Colon's marijuana use and impact of her alcohol use when not working on her ability to function while subsequently at work.

10. On or about January 7, 2014, Dr. L.B. opined to the Department that Ms. Colon cannot practice as a CNA with reasonable skill and safety. Dr. L.B. recommended that Ms. Colon participate in the Intervention Project for Nurses (IPN).

11. IPN is the impaired practitioner program for the Board of Nursing, pursuant to Section 456.076, Florida Statutes (2014). IPN monitors the evaluation, care and treatment of impaired nurses. IPN oversees random drug screens and provides for the exchange of information between treatment providers, evaluators and the Department for the protection of the public.

12. In the course of their practice, certified nursing assistants provide direct patient care, which includes transporting patients and maintaining patient hygiene. Certified nursing assistants must consistently attend to patient needs by vigilantly monitoring and by accurately recording patient activities to facilitate medical diagnosis and treatment. Because a certified

nursing assistant who is impaired by occupational problems; marijuana use; and/or alcohol use, may not be capable of providing patient care in a manner that is correct and safe, Ms. Colon's continued unrestricted practice as a nursing assistant presents a risk of immediate serious danger to the health, welfare and safety of the public.

13. An independent medical expert has determined that Ms. Colon is unsafe to practice as a nursing assistant with reasonable skill and safety without an IPN monitoring contact. Based on that expert's opinion and recommendation of the requirements Ms. Colon must complete in order to return to practice as a nursing assistant with reasonable skill and safety to patients, there are no less-restrictive terms than those outlined in this Order that will adequately protect the public. Because Ms. Colon's diagnoses affect her judgment and her ability to practice as a nursing assistant, it is impossible to craft a lesser restriction that would adequately protect the public from the danger posed by Ms. Colon's unrestricted practice as a nursing assistant.

#### CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the State Surgeon General concludes as follows:

1. The State Surgeon General has jurisdiction over this matter pursuant to Sections 20.43 and 456.073(8), Florida Statutes (2014), and Chapter 464, Florida Statutes (2014).

2. Section 464.204(1)(b), Florida Statutes (2014), authorizes discipline, including restriction, against a licensee for intentionally violating any provision of Chapters 464, and 456, Florida Statutes (2014), or the rules adopted by the Board.

3. Section 464.018(1)(j), Florida Statutes (2014), authorizes discipline, including restriction, against a licensee for being unable to practice with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.

4. Ms. Colon violated Section 464.018(1)(j), Florida Statutes (2014), by being unable to practice as a nursing assistant with reasonable skill and safety to patients by reason of her occupational problems; marijuana use; and/or alcohol use.

5. Section 120.60(6), Florida Statutes (2014), authorizes the State Surgeon General to summarily restrict a nursing assistant's certification upon

a finding that the nursing assistant presents an immediate, serious danger to the public health, safety or welfare.

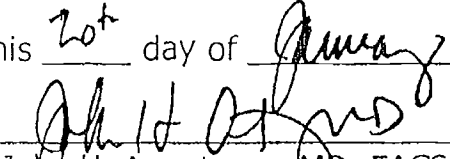
6. Ms. Colon's continued unrestricted practice as a certified nursing assistant constitutes an immediate, serious danger to the health, safety, or welfare of the citizens of the State of Florida, and this summary procedure is fair under the circumstances to adequately protect the public.

WHEREFORE, in accordance with Section 120.60(6), Florida Statutes (2014), it is ORDERED THAT:

1. The certification of Ms. Colon, certification number CNA 250894, is immediately restricted to prohibit Ms. Colon from practicing as a nursing assistant until IPN informs the Department that Ms. Colon is safe to practice.

2. A proceeding seeking discipline of the certification of Ms. Colon to practice as a certified nursing assistant will be promptly instituted and acted upon in compliance with Sections 120.569 and 120.60(6), Florida Statutes (2014).

DONE and ORDERED this 20<sup>th</sup> day of January, 2015.

  
\_\_\_\_\_  
John H. Armstrong, MD, FACS  
State Surgeon General  
and Secretary of Health



In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

COUNSEL FOR DEPARTMENT:  
Lindsay Wells Grogan  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088564  
(850) 245 – 4444 x8167 Telephone  
(850) 245 – 4662 Facsimile

In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

Pursuant to Sections 120.60(6), and 120.68, Florida Statutes, the Department's findings of immediate danger, necessity, and procedural fairness shall be judicially reviewable. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing one copy of a Petition for Review, in accordance with Florida Rule of Appellate Procedure 9.100, with the Department of Health and a second copy of the petition accompanied by a filing fee prescribed by law with the District Court of Appeal within thirty (30) days of the date this Order is filed.

7196 9008 9111 2485 5172

**TO:**

Amber M Colon, C.N.A.  
120 Alder Court  
Sanford, FL 32773

**SENDER:**

ERO

**REFERENCE:** Amber M. Colon, CNA  
2014-14774

PS Form 3800, January 2005

RETU  
RECE  
SERV

**Certified Article Number**

7196 9008 9111 2485 5172

**SENDER'S RECORD**

**USPS®**

**Receipt for  
Certified Mail™**

No Insurance Coverage Provided  
Do Not Use for International Mail

POSTMARK OR DATE

1 / 21 / 15

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

January 20, 2015

Amber M. Colon, C.N.A.  
120 Alder Court  
Sanford, FL 32773

RE: Department of Health vs. Amber M. Colon, C.N.A.  
Case Number: 2014-14774

Dear Ms. Colon:

Enclosed please find an Order of **Emergency Restriction** of Certification filed January 20, 2015, against your certificate to practice as a certified nursing assistant in the State of Florida. Your certificate is immediately restricted to prohibit you from practicing as a nursing assistant until IPN informs the Department that you are safe to practice according to the enclosed Order of **Emergency Restriction** of Certification.

If you have any questions, please do not hesitate to contact Lindsay Wells Grogan, Assistant General Counsel at (850) 245-4444.

Sincerely,

A handwritten signature in black ink, appearing to read "Alyson Motes".

Alyson Motes  
Regulatory Supervisor/Consultant  
Prosecution Services Unit

AM  
Enclosure

FILED DATE 1/20/15  
Department of Health

By: D. Noel Sanders  
Deputy Agency Clerk

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

**ORDER OF EMERGENCY RESTRICTION OF CERTIFICATION**

John H. Armstrong, MD, FACS, State Surgeon General, ORDERS the  
Emergency Restriction of the certification of Amber M. Colon (Ms. Colon) to  
practice as a nursing assistant in the state of Florida. Ms. Colon holds  
certification number CNA 250894. Her address of record is 120 Alder Court,  
Sanford, Florida 32773. The following Findings of Fact and Conclusions of  
Law support the Emergency Restriction of Ms. Colon's certification to practice  
as a nursing assistant.

**FINDINGS OF FACT**

1. The Department of Health (Department) is the state agency  
charged with regulating nursing assistants, pursuant to Chapters 20, 456 and  
464, Florida Statutes (2014). Section 456.073(8), Florida Statutes (2014),  
authorizes the State Surgeon General to summarily restrict Ms. Colon's  
certification to practice as a nursing assistant in the state of Florida, in  
accordance with Section 120.60(6), Florida Statutes (2014).

2. At all times material to this Order, Ms. Colon was a certified nursing assistant within the state of Florida, and was employed at Florida Health (FH) located in Orlando, Florida.

3. On or about August 17, 2014, FH scheduled Ms. Colon for work. Ms. Colon arrived late to her shift. L.G., Auxiliary Midwife Nurse at FH, smelled the odor of alcohol coming from Ms. Colon's breath as she spoke and observed that Ms. Colon's eyes were glassy and red.

4. L.G. met with T.U., Employee Relations Consultant at FH, and relayed her observations of Ms. Colon, expressed her concerns, and recommended that Ms. Colon undergo a fitness-for-duty drug screen.

5. On or about August 17, 2014, Ms. Colon submitted to a fitness-for-duty drug screen, which returned positive for marijuana and alcohol.

6. Tetrahydrocannabinols (THC) are the psychoactive ingredients in marijuana, or cannabis. According to Section 893.03(1), Florida Statutes (2014), THC is a Schedule I controlled substance that has a high potential for abuse and has no currently accepted medical use in treatment in Florida. Its use under medical supervision does not meet accepted safety standards.

7. FH terminated Ms. Colon's employment.

8. On or about December 18, 2014, L.B., M.D., conducted a

Department-ordered evaluation of Ms. Colon.

9. Dr. L.B. diagnosed Ms. Colon with occupational problems. Dr. L.B. noted concern over Ms. Colon's marijuana use and impact of her alcohol use when not working on her ability to function while subsequently at work.

10. On or about January 7, 2014, Dr. L.B. opined to the Department that Ms. Colon cannot practice as a CNA with reasonable skill and safety. Dr. L.B. recommended that Ms. Colon participate in the Intervention Project for Nurses (IPN).

11. IPN is the impaired practitioner program for the Board of Nursing, pursuant to Section 456.076, Florida Statutes (2014). IPN monitors the evaluation, care and treatment of impaired nurses. IPN oversees random drug screens and provides for the exchange of information between treatment providers, evaluators and the Department for the protection of the public.

12. In the course of their practice, certified nursing assistants provide direct patient care, which includes transporting patients and maintaining patient hygiene. Certified nursing assistants must consistently attend to patient needs by vigilantly monitoring and by accurately recording patient activities to facilitate medical diagnosis and treatment. Because a certified

nursing assistant who is impaired by occupational problems; marijuana use; and/or alcohol use, may not be capable of providing patient care in a manner that is correct and safe, Ms. Colon's continued unrestricted practice as a nursing assistant presents a risk of immediate serious danger to the health, welfare and safety of the public.

13. An independent medical expert has determined that Ms. Colon is unsafe to practice as a nursing assistant with reasonable skill and safety without an IPN monitoring contact. Based on that expert's opinion and recommendation of the requirements Ms. Colon must complete in order to return to practice as a nursing assistant with reasonable skill and safety to patients, there are no less-restrictive terms than those outlined in this Order that will adequately protect the public. Because Ms. Colon's diagnoses affect her judgment and her ability to practice as a nursing assistant, it is impossible to craft a lesser restriction that would adequately protect the public from the danger posed by Ms. Colon's unrestricted practice as a nursing assistant.

#### CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the State Surgeon General concludes as follows:



1. The State Surgeon General has jurisdiction over this matter pursuant to Sections 20.43 and 456.073(8), Florida Statutes (2014), and Chapter 464, Florida Statutes (2014).

2. Section 464.204(1)(b), Florida Statutes (2014), authorizes discipline, including restriction, against a licensee for intentionally violating any provision of Chapters 464, and 456, Florida Statutes (2014), or the rules adopted by the Board.

3. Section 464.018(1)(j), Florida Statutes (2014), authorizes discipline, including restriction, against a licensee for being unable to practice with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.

4. Ms. Colon violated Section 464.018(1)(j), Florida Statutes (2014), by being unable to practice as a nursing assistant with reasonable skill and safety to patients by reason of her occupational problems; marijuana use; and/or alcohol use.

5. Section 120.60(6), Florida Statutes (2014), authorizes the State Surgeon General to summarily restrict a nursing assistant's certification upon

a finding that the nursing assistant presents an immediate, serious danger to the public health, safety or welfare.

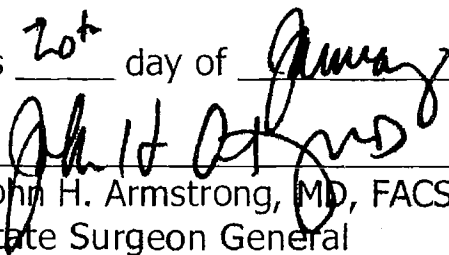
6. Ms. Colon's continued unrestricted practice as a certified nursing assistant constitutes an immediate, serious danger to the health, safety, or welfare of the citizens of the State of Florida, and this summary procedure is fair under the circumstances to adequately protect the public.

WHEREFORE, in accordance with Section 120.60(6), Florida Statutes (2014), it is ORDERED THAT:

1. The certification of Ms. Colon, certification number CNA 250894, is immediately restricted to prohibit Ms. Colon from practicing as a nursing assistant until IPN informs the Department that Ms. Colon is safe to practice.

2. A proceeding seeking discipline of the certification of Ms. Colon to practice as a certified nursing assistant will be promptly instituted and acted upon in compliance with Sections 120.569 and 120.60(6), Florida Statutes (2014).

DONE and ORDERED this 20<sup>th</sup> day of January, 2015.

  
\_\_\_\_\_  
John H. Armstrong, MD, FACS  
State Surgeon General  
and Secretary of Health

In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

COUNSEL FOR DEPARTMENT:  
Lindsay Wells Grogan  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088564  
(850) 245 – 4444 x8167 Telephone  
(850) 245 – 4662 Facsimile

In Re: The Emergency Restriction of the Certification of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

Pursuant to Sections 120.60(6), and 120.68, Florida Statutes, the Department's findings of immediate danger, necessity, and procedural fairness shall be judicially reviewable. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing one copy of a Petition for Review, in accordance with Florida Rule of Appellate Procedure 9.100, with the Department of Health and a second copy of the petition accompanied by a filing fee prescribed by law with the District Court of Appeal within thirty (30) days of the date this Order is filed.

## Motes, Alyson

---

**From:** Motes, Alyson  
**Sent:** Tuesday, January 20, 2015 4:22 PM  
**To:** DL MQA Inv Serv Priority Mail Area7 (OI) Orlando  
**Cc:** McCracken, Liisa  
**Subject:** Emergency Action

Tracking:	Recipient	Delivery
	DL MQA Inv Serv Priority Mail Area7 (OI) Orlando	
	McCracken, Liisa	Delivered: 1/20/2015 4:22 PM
	Chanda.Portee@flhealth.gov	Delivered: 1/20/2015 4:22 PM
	Jeannette.Cassano@flhealth.gov	Delivered: 1/20/2015 4:22 PM
	Willie.Francis@flhealth.gov	Delivered: 1/20/2015 4:22 PM
	Angelisa.Bright@flhealth.gov	Delivered: 1/20/2015 4:22 PM
	Paula.Simon@flhealth.gov	Delivered: 1/20/2015 4:22 PM
	Cathi.Mitchell@flhealth.gov	Delivered: 1/20/2015 4:22 PM

Good afternoon, attached is a supplemental for the service of the filed ERO on Amber M. Colon, C.N.A., 2014-14774.



ERO

Supplemental 1....



Filed ERO

1.20.15.pdf

Alyson Motes, Regulatory Supervisor/Consultant  
Office of the General Counsel  
Prosecution Services Unit  
Florida Department of Health  
4052 Bald Cypress Way, Bin #C-65  
Tallahassee, FL 32399-3265  
(850) 245-4444 \* 8134

How am I communicating? Please contact my supervisor.

Effective October 1, 2013, email address for DOH will change to [firstname.lastname@flhealth.gov](mailto:firstname.lastname@flhealth.gov)

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

However, if this e-mail concerns anticipated or current litigation or adversarial administrative proceeding to which the Florida Department of Health is a party, this email is an attorney-client communication, and is, therefore, a limited access public document exempt from the provisions of Chapter 119, Florida Statutes.

See Section 119.071(d)1., Florida Statutes (2010).

DOH Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: Healthiest State in the Nation

Values: (ICARE)

I nnovation: We search for creative solutions and manage resources wisely.

C ollaboration: We use teamwork to achieve common goals & solve problems.

A ccountability: We perform with integrity & respect.

R esponsiveness: We achieve our mission by serving our customers & engaging our partners.

E xcellence: We promote quality outcomes through learning & continuous performance improvement.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

### PSU REQUEST FORM

FROM: Alyson Motes for Lindsay Wells Grogan, Esq.	TO: ISU Paula Simon, Orlando Investigation Manager
Date: 1/20/15	TO: CSU
Phone #: (850) 245-4444 X 8167	CC: Lisa McCracken

<b>Case Number:</b> 2014-14774	<b>Board:</b> Nursing	<b>Status:</b> 90
<b>Subject:</b> Amber M. Colon, C.N.A.	<b>HL Code:</b> H1118A	
<b>Requested Completion Date:</b> ASAP		

**(PSU) TYPE OF REQUEST:** (describe details below)

- Process Service\* (**Activity Code 160**)
- Additional Information Requested (**Activity Code 145**)
- Deficiency in Investigative Work (**Activity Code 150**)

**Details:** Please serve the attached ERO. Thank you.

\*The following additional information is needed for each service request:

Last Known Address 120 Alder Court, Sanford, Florida 32773  
 Last Known Name & Phone Number: Amber M. Colon, C.N.A., 321-363-6814.  
 Last Known Place of Employment & Address if Known:  
 Has Contact Been Made With This Individual? YES  No ; If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent?  
 YES \*\* No  NOTE: All process service requests need to be sent to appropriate field office.

**\*\*IF YES, please send a copy of the original Investigative Report without attachments.**

**(ISU/CSU) RESPONSE:**

- Process Service Completed (Activity Code 161)  Process Service NOT Completed (Activity Code 162)
- Additional Info Sent to Legal (Activity Code 156)
- Supp. Investigation Request Cancelled (Activity Code 157)

<b>Email to:</b>	<u>Tallahass</u>	<u>Alach</u>	<u>Jacksonvi</u>	<u>St.</u>	<u>Tamp</u>	<u>Orland</u>	<u>Ft.</u>	<u>West</u>	<u>Ft.</u>	<u>Miam</u>
<u>Pensacol</u>	<u>ee</u>	<u>ua</u>	<u>lle</u>	<u>Pete</u>	<u>a</u>	<u>o</u>	<u>Myers</u>	<u>Palm</u>	<u>Lauderdale</u>	<u>i</u>
<u>a</u>	<u>Consume</u>									
	<u>r</u>									
	<u>Services</u>	<u>ULA</u>								

**\*\* Transmit Conf. Report \*\***

P.1

Jan 20 2015 05:17pm

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
99216847	Normal	20:05:16pm	0' 29"	1	* O K	

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Vision:** To be the Healthiest State in the Nation

**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

Surgeon General & Secretary

January 20, 2015

The Honorable Robert S. Cohen  
Chief Administrative Law Judge  
Division of Administrative Hearings  
1230 Apalachee Parkway  
Tallahassee, FL 32301

RE: Department of Health vs. Amber M. Colon, C.N.A.  
Case Number: 2014-14774

Dear Judge Cohen:

This letter is to advise you that the Department has issued an Emergency Restriction Order concerning the certificate of **Amber M. Colon, C.N.A.**, to practice as a certified nursing assistant in the State of Florida. An Administrative Complaint has not been issued in the above case. Therefore, this is not a request for a formal hearing.

This letter is sent to advise you of the action taken by the Department and to advise you of the possibility that the respondent may request an expedited hearing. The Department shall keep you advised of any developments. If you need additional information, please contact Lindsay Wells Grogan, Assistant General Counsel at (850) 245-4444.

Sincerely,

A handwritten signature in cursive script, appearing to read "Alyson Motes".

Alyson Motes  
Regulatory Supervisor/Consultant  
Prosecution Services Unit

AM



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

January 20, 2015

The Honorable Robert S. Cohen  
Chief Administrative Law Judge  
Division of Administrative Hearings  
1230 Apalachee Parkway  
Tallahassee, FL 32301

RE: Department of Health vs. Amber M. Colon, C.N.A.  
Case Number: 2014-14774

Dear Judge Cohen:

This letter is to advise you that the Department has issued an Emergency Restriction Order concerning the certificate of **Amber M. Colon, C.N.A.**, to practice as a certified nursing assistant in the State of Florida. An Administrative Complaint has not been issued in the above case. Therefore, this is not a request for a formal hearing.

This letter is sent to advise you of the action taken by the Department and to advise you of the possibility that the respondent may request an expedited hearing. The Department shall keep you advised of any developments. If you need additional information, please contact Lindsay Wells Grogan, Assistant General Counsel at (850) 245-4444.

Sincerely,

A handwritten signature in black ink that reads "Alyson Motes".

Alyson Motes  
Regulatory Supervisor/Consultant  
Prosecution Services Unit

AM

**Florida Department of Health**

Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row • Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4662

**www.FloridasHealth.com**

TWITTER:HealthyFLA

FACEBOOK:FLDepartmentofHealth

YOUTUBE: fldoh

## Motes, Alyson

---

**From:** FL-Rules@dos.state.fl.us  
**Sent:** Tuesday, January 20, 2015 4:44 PM  
**To:** Motes, Alyson  
**Subject:** Submit Notice in FAR

You have successfully submitted a notice for publication in the Florida Administrative Register on 1/20/2015 4:44:06 PM.

Department: Department of Health  
Organization: Board of Nursing  
Notice type: Miscellaneous  
Issue: 41/14

Once this notice is published you will be able to view it by clicking the following link:  
[http://www.FLRules.org/gateway/View Notice.asp?id=15573755](http://www.FLRules.org/gateway/View%20Notice.asp?id=15573755)

You may contact the Florida Administrative Register office at (850)245-6270 for additional information.

@ItsWorkingFL: <https://twitter.com/ItsWorkingFL> The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to [www.fla500.com](http://www.fla500.com). The Department of State is committed to excellence. Please take our Customer Satisfaction Survey: <http://survey.dos.state.fl.us/index.aspx?email=>

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the **Healthiest State** in the Nation

**MEMORANDUM**

**TO:** Florida Administrative Weekly, Liz Cloud

**FROM:** Alyson Motes, Compliance Officer

**RE:** Amber M. Colon, C.N.A., Certificate # CNA 250894

**CASE NO(S):** 2014-14774

**DATE:** January 20, 2015 **ID 15573755**

Attached please find notice of the issuance of an Emergency **Restriction** Order for notice in the next issue of the Florida Administrative Registry.

On January 20, 2015, State Surgeon General issued an Order of Emergency Restriction of Certification with regard to the certificate of Amber M. Colon, C.N.A., Certificate # CNA 250894. This Emergency Restriction Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6) Florida Statutes. (2014). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.



STATE OF FLORIDA



**DEPARTMENT OF HEALTH**

**INVESTIGATIVE REPORT**

Office: Orlando		Date of Case: 9/10/14	Case Number: 2014-14774
Subject: AMBER M. COLON, CNA 120 Alder Court Sanford, Florida 32773 (321) 363-6814		Source: TERRI URBANOWICZ Employee Relations Consultant Florida Hospital 900 Winderley Place, Suite 1500 Maitland, Florida 32751 (407) 200-2477	
Related Case(s): none		Date and Type of Report: 12/1/14 Supplemental-1	
Alleged Violation: 456.072(k)(z)(aa)(dd), 456.074(3) and 464.018(1)(j)(o)			
Synopsis: This supplemental report is predicated upon the receipt of a PSU Request Form from MELBA APELLANIZ for LINDSAY WELLS GROGAN, ESQ., asking AMBER COLON, CNA be hand served an Order Compelling an Examination.  On 11/24/14, Investigator L. MCCRACKEN hand served COLON at 4610 W. Lake Mary Blvd., Lake Mary, FL 32746. COLON was identified by her Florida Driver's License.  <u>Supplemental-1 Exhibit List</u> S-1 PSU Request Form.....p.2 S-2 Affidavit of Service or Diligent Search .....p.3			
Investigator/Date:  Lisa McCracken, MQAI, OI-123 December 1, 2014		Approved By/Date:  Paula Surin Investigation Supervisor Received Investigative Services DEC 02 2014	
Distribution: HQ/ISU		BOSH/DOA Telephone: 850 Page 1	

RECEIVED-LEGAL  
14 DEC -2 PM 3:03

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



14-212  
OI-100  
11/05/2014

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**PSU REQUEST FORM**

FROM: Melba L. Apellaniz, RS II for Lindsay Wells Grogan, Esq.	TO: <del>ISU Kimberly Haley</del>
Date: 11/5/2014	TO: CSU
Phone #: (850) 245-4444 Ext. 8223	CC: Jeannette Cassano

<b>Case Number: 2014-14774</b>	<b>Board: Nursing</b>	<b>Status: 67</b>
<b>Subject: Amber M. Colon, C.N.A.</b>	<b>HL Code: hll118A</b>	
<b>Requested Completion Date: 12/11/14</b>		

**(PSU) TYPE OF REQUEST:** (describe details below)

- Process Service\* (Activity Code 160)
- Additional Information Requested (Activity Code 145)
- Deficiency in Investigative Work (Activity Code 150)

**Details:** Please hand serve Order Compelling Examination to Respondent. Please contact me by 12/11/14 if you are unable to serve. Thank you.

\*The following additional information is needed for each service request:

Last Known Address: **120 Alder Court, Sanford, FL 32773**; Last Known Name & Phone Number: **Amber M. Colon, C.N.A.; (321) 363-6814**; Last Known Place of Employment & Address if Known: Has Contact Been Made With This Individual? YES  No ; If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent? YES \*\* No  NOTE: All process service requests need to be sent to appropriate field office.

**\*\*IF YES, please send a copy of the original investigative report without attachments.**

**(ISU/CSU) RESPONSE:**

- Process Service Completed (Activity Code 161)  Process Service NOT Completed (Activity Code 162)
- Additional Info Sent to Legal (Activity Code 156)
- Supp. Investigation Request Cancelled (Activity Code 157)

<b>Email to:</b>	<u>Tallahass</u>	<u>Alach</u>	<u>Jacksonvi</u>	<u>St.</u>	<u>Tamp</u>	<u>Orland</u>	<u>Ft.</u>	<u>West</u>	<u>Ft.</u>	<u>Miam</u>
<u>Pensacol</u>	<u>ee</u>	<u>ua</u>	<u>lle</u>	<u>Pete</u>	<u>a</u>	<u>o</u>	<u>Myers</u>	<u>Palm</u>	<u>Lauderdale</u>	<u>i</u>
<u>a</u>	<u>Consum</u>									
	<u>r</u>									
	<u>Services</u>	<u>ULA</u>								

EXHIBIT 51 PAGE 2

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT OF SERVICE OR DILIGENT SEARCH**

FLORIDA DEPARTMENT OF HEALTH

Petitioner

vs

Case No. 2014-14774

AMBER M. COLON, CNA

Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.

2) That on (date) 11/24/14, Affiant made a diligent effort to locate Respondent, to serve \_\_\_\_\_ Administrative Complaint and related papers; XX Order compelling examination(s); Subpoena(s); \_\_\_\_\_ Final order; \_\_\_\_\_ Notice to cease and desist; \_\_\_\_\_ ESO/ERO and related papers.

3) Check applicable answer below:

XX Affiant made personal service on Respondent, at 4610 W. Lake Mary Blvd., Lake Mary, FL 32746, on (date) 11/24/14.

\_\_\_\_\_ Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent shown in the DOH investigation of the case; (b) all official addresses for Respondent shown in his licensing records on the computer terminal or Board office; (c) Local telephone company for the last area Respondent was known to frequent; (d) Division of Drivers Licenses, and (e) Utilities (electric, cable, etc.); any others: \_\_\_\_\_

Affiant

State Of Florida

County Of ORANGE

Before me, personally appeared LIISA MCCRACKEN whose identity is known to me by CO-WORKER ID (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 1<sup>st</sup> day of December 2014.



Notary Public-State of Florida

My Commission Expires

Type or Print Name

EXHIBIT 52 PAGE 3

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

State Surgeon General &amp; Secretary

**Vision:** To be the Healthiest State in the Nation

November 5, 2014

Louise I. Burhmann, M.D.  
1035 S. Semoran Blvd., Bldg. 2, Suite 1027  
Winter Park, Florida 32792

Re: Amber M. Colon, C.N.A.; Complaint No. 2014-14774

Dear Dr. Burhmann:

Thank you very much for agreeing to evaluate the above-referenced medical professional on **Thursday, December 18, 2014 @ 9:45 a.m.** The Department of Health is currently reviewing allegations that this medical professional may be unsafe to practice his/her profession due to impairment.

**If you determine that the Subject is unsafe to practice, please contact the attorney, Lindsay Wells Grogan, immediately at 850-245-4444, ext. 8167, so she can begin preparing her recommendation for emergency action to protect the public from harm.**

**Please add a conclusion/summary which clearly states whether you believe the subject is safe to practice in his/her profession according to the results of your evaluation. Please clearly state the reason for your opinion.**

**REVIEW MATERIALS**

The materials being provided by the Department for your review include the investigative report and exhibits, including available medical records.

If you cannot read any material parts of the medical records or information provided, or if additional information (interviews, medical records, X-rays, etc.) is required before you can render an opinion, please send a FAX outlining your needs to Melba L. Apellaniz at FAX # (850) 245-4662.

Florida statutes prevent "peer review" from being used in administrative proceedings, thus we do not want you to review or consider any such materials. If you accidentally receive any peer review records, please call us immediately so we can decide how to proceed. If you review the peer review material, it makes you ineligible to provide an opinion and testimony in the case.

## REPORT FORMAT

The issues that the Department would like you to address and assess include the following:

1. Diagnosis (AXIS I-V)  
Rule out substance abuse or any other mental health problem that would interfere with licensee's ability to safely practice his/her profession.
2. Pertinent chemical dependency history, such as diversion, types of drugs used, etc.
3. Status and stability of recovery, previous chemical dependency or psychiatric treatment, if applicable.
4. Assessment of ability to safely practice his/her profession. Please consider:
  - a. Problem solving ability
  - b. Cognitive functioning
  - c. Sound judgment
  - d. Ability to cope with stressful situation
  - e. Decision-making in a crisis
  - f. Mental status
5. Physical status-current health, chronic pain diagnosis, propensity for physical cravings for drugs or alcohol.
6. Degree of other life stressors; for example, financial, social, marital, emotional, psychiatric or employment related.
7. Level of stress and job satisfaction, including job description and responsibility.
8. Support systems.
9. Please assess the need for any type of structured treatment. If you recommend treatment, please be specific.
10. Please add a **conclusion/summary** which **clearly states** whether you believe the subject is **safe to practice in his/her profession** according to the results of your evaluation. Please **clearly state the reason for your opinion.**

## AFTER YOUR REVIEW

Please address your evaluation, and a current copy of your Curriculum Vitae to the following:

- By Fax: (850) 245-4662 – ATTN: Melba L. Apellaniz
- By Mail:  
Melba L. Apellaniz, Regulatory Specialist II  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265

You should retain this letter and the enclosed materials pending notification from the Department regarding the disposition of this matter.

**Please be advised that your testimony may be needed at a later date should a formal hearing be necessary to resolve the allegations in this case. Please provide us with the most direct way to contact you (email, back-line, cell phone, etc.) should the need arise for follow-up questions/discussion of your review.**



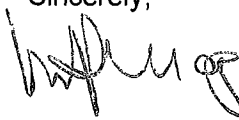
**CONFIDENTIALITY**

Materials submitted are confidential and should not be discussed with anyone except members of the Department legal staff, unless prior approval from the Department is secured.

**The identity of any patient referenced in this case must remain confidential throughout both your expert report and any proceedings that may follow as a result of this action.** Please use only the initials of the patient any time a reference to the patient is required in your report or any future correspondence.

If you would like to discuss any aspect of this case, please feel free to call the attorney directly at 850-245-4444, ext. 8167. The Department would like to thank you in advance for your time and effort spent in the review of this matter.

Sincerely,



Melba L. Apellaniz, RS II  
Department of Health  
Prosecution Services Unit

---

**Florida Department of Health**

Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row – Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4662

**www.FloridasHealth.com**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh



## Shipment Receipt

**Address Information****Ship to:**

Louise Buhrman, MD  
 1035 S. Semoran Blvd.,  
 Bldg.2,  
 Suite 1027  
 Winter Park, FL  
 32792  
 US  
 4076712258

**Ship from:**

Melba Apellaniz  
 Department of Health  
 2585 Merchants Way, Suite  
 125  
 Tallahassee, FL  
 32399  
 US  
 8502454640

**Shipment Information:**

Tracking no.: 771751463085  
 Ship date: 11/05/2014  
 Estimated shipping charges: 7.83

**Package Information**

Pricing option: FedEx Standard Rate  
 Service type: Standard Overnight  
 Package type: FedEx Pak  
 Number of packages: 1  
 Total weight: 3 LBS  
 Declared Value: 0.00 USD  
 Special Services:  
 Pickup/Drop-off: Drop off package at FedEx location

**Billing Information:**

Bill transportation to: chas-963  
 Your reference: 64750301017  
 P.O. no.:  
 Invoice no.: Case Review 14-14774/ [REDACTED]  
 Department no.:

Thank you for shipping online with FedEx ShipManager at [fedex.com](http://fedex.com).

**Please Note**

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits. Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable FedEx Service Guide or the FedEx Rate Sheets for details on how shipping charges are calculated.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

In Re: The Order Compelling Examination of  
Amber M. Colon, C.N.A.  
Certification Number CNA 250894  
Case Number 2014-14774

ORDER COMPELLING AN EXAMINATION

The Department of Health (Department) is the state agency charged with regulating nursing assistants pursuant to Section 20.43, Florida Statutes (2014), Chapter 456 Florida Statutes (2014), and 464, Florida Statutes (2014).

For probable cause shown and pursuant to the authority vested in the Department by Chapter 464, Florida Statutes (2014), you are hereby ordered to report and submit to a mental and physical examination to be conducted by the following named physician at the date, time and place indicated.

**MENTAL AND PHYSICAL EXAMINATION**

**Louise Buhrmann, M.D.  
1035 S. Semoran Blvd., Bldg. 2, Suite 1027  
Winter Park, Florida 32792  
407-671-2258**

**ON**

**Thursday, December 18, 2014 @ 9:45 a.m.**

The above-directed mental and physical examination is for the purpose of obtaining examination reports and expert opinion and testimony concerning your ability to practice as a nursing assistant with reasonable skill and safety pursuant to Section 464.018(1)(j), Florida Statutes (2014), and for introduction into evidence at any administrative hearing to be conducted on any administrative complaint filed against you which may allege a violation of Section 464.018(1)(j) Florida Statutes (2014). This order is predicated upon the following Findings of Fact and Conclusions of Law.

#### FINDINGS OF FACT

1. At all times material to this order, Amber M. Colon, C.N.A., (Ms. Colon), was certified as a nursing assistant (C.N.A.) in the State of Florida, pursuant to Chapter 464, Florida Statutes, and was employed at Florida Health (FH) located in Orlando, Florida.

2. On or about August 17, 2014, FH scheduled Ms. Colon for work. Ms. Colon arrived late to her shift. L.G., Auxiliary Midwife Nurse at FH, smelled the odor of alcohol coming from Ms. Colon's breath as she spoke and observed that Ms. Colon's eyes were glassy and red.

3. L.G. met with T.U., Employee Relations Consultant at FH, and relayed her observations of Ms. Colon, expressed her concerns, and

recommended that Ms. Colon undergo a fitness-for-duty drug screen.

4. On or about August 17, 2014, Ms. Colon submitted to a fitness-for-duty drug screen, which returned positive for marijuana and alcohol. FH terminated Ms. Colon's employment.

5. Tetrahydrocannabinols (THC) are the psychoactive ingredients in marijuana, or cannabis. According to Section 893.03(1), Florida Statutes (2014), THC is a Schedule I controlled substance that has a high potential for abuse and has no currently accepted medical use in treatment in Florida. Its use under medical supervision does not meet accepted safety standards

6. Ms. Colon's positive drug screen for marijuana, a Schedule I controlled substance, and alcohol while actively practicing as a nursing assistant, indicate that she may be unable to practice with reasonable skill and safety to patients. Because of that potential risk, a thorough and complete mental and physical examination of Ms. Colon is necessary to protect the public and to ensure that she is able to practice as a nursing assistant with reasonable skill and safety.

#### CONCLUSIONS OF LAW

1. The Department of Health, by and through the State Surgeon General, has jurisdiction over this matter pursuant to Chapters 456 and 464,

Florida Statutes (2014).

2. Section 464.018(1)(j), Florida Statutes (2014), states, in pertinent part, that "the department shall have, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice as a nursing assistant because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department."

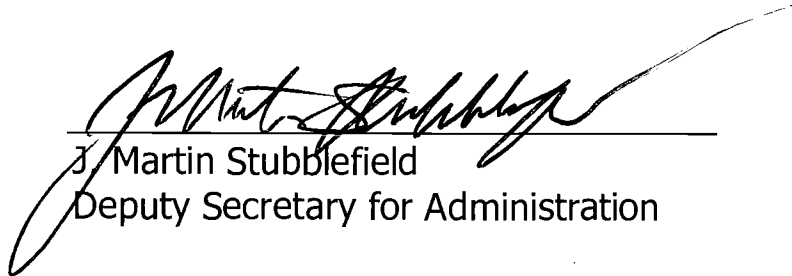
3. Based on the foregoing Findings of Fact, the State Surgeon General, through his undersigned designee, concludes that probable cause exists to believe Ms. Colon is unable to practice as a nursing assistant with reasonable skill and safety to patients, pursuant to Section 464.018(1)(j) Florida Statutes (2014).

4. In accordance with the authority vested in the Department of Health under Chapters 456 and 464, Florida Statutes, the State Surgeon General, through his undersigned designee, concludes that Section

464.018(1)(j) Florida Statutes (2014), should be enforced.

DONE and ORDERED by the Department of Health on this 21<sup>ST</sup> day of  
October, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General



J. Martin Stubblefield  
Deputy Secretary for Administration

COUNSEL FOR DEPARTMENT:  
Lindsay Wells Grogan  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088564  
(850) 245 – 4444 x8167 Telephone  
(850) 245 – 4662 Facsimile

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

September 30, 2014

CONFIDENTIAL

Florida Hospital  
Att:Terri Urbanowicz, Employee Relations  
900 Winderley Place, Suite 1500  
Maitland, FL 32751

RE: Certified Nursing Assts v. Amber M. Colon  
DOH Case #201414774

Dear Florida Hospital:

This letter is to advise you of the status of the complaint filed with the Department of Health against the above referenced health care practitioner.

The complaint has been received in the Prosecution Services Unit for legal review. Our legal staff will review the complaint and information obtained during the Department's investigation. During legal review, the Department may seek additional investigation or expert review of this case. Depending upon the complexity of the case, this process may take several months. Upon gathering all relevant materials needed for analysis, legal staff will make a recommendation to a probable cause panel of the applicable profession. The panel will then decide whether to initiate formal disciplinary proceedings.

This matter is confidential and exempt from public disclosure.

For information regarding the Enforcement regulatory process, the following web address is provided: [http://www.doh.state.fl.us/mqa/enforcement/enforce\\_home.html](http://www.doh.state.fl.us/mqa/enforcement/enforce_home.html). If you have additional questions regarding this process, please do not hesitate to contact the Prosecution Services Unit at (850) 245-4444, by TDD at 1-800-955-8771 referencing the DOH case number above, or by mail at Department of Health, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265.

Sincerely,

Prosecution Services Unit  
Office of the General Counsel

**Florida Department of Health**

Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row – Suite 105  
PHONE: 850/245-4444 •

**www.FloridasHealth.com**

TWITTER:HealthyFLA  
FACEBOOK:FLDepartmentofHealth  
YOUTUBE: fldoh





STATE OF FLORIDA

DEPARTMENT OF HEALTH



INVESTIGATIVE REPORT

Office: Area VII - Orlando		Date of Complaint: 09/10/14	Case Number: 2014-14774
Subject: AMBER M. COLON, CNA 120 Alder Court Sanford, Florida 32773 (321) 363-6814		Source: TERRI URBANOWICZ, Employee Relations Consultant Florida Hospital 900 Winderley Place, Suite 1500 Maitland, Florida 32751 (407) 200-2477	
Profession: Certified Nursing Assistant		License Number and Status: CNA 250894/ Clear	
Related Case(s): None		Period of Investigation and Type of Report: 09/11/14 to 09/24/14 – FINAL	
Alleged Violation: 456.072(k)(z)(aa)(dd), 456.074(3) and 464.018(1)(j)(o)			
Synopsis: This investigation is predicated upon a complaint letter (Exhibit #1) from TERRI URBANOWICZ, Employee Relations Consultant for Florida Hospital. URBANOWICZ reports AMBER M. COLON, CNA, tested positive for a fit for duty drug screening on 08/17/14 and was subsequently terminated.			
On 09/16/14, COLON was contacted by phone and admitted she tested positive for marijuana. On 09/16/14, COLON provided a faxed response (Exhibit #8).			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Patient Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/COMPAS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board certified? Name of Board: Date: Specialty:			
Law Enforcement <input type="checkbox"/> Notified Date: <input type="checkbox"/> Involved Agency:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject represented by an attorney? Attorney information:			
Investigator/Date: <i>[Signature]</i> 9/24/13 Jeannette Cassano Medical Quality Assurance Investigator, OI-100		Approved By/Date: <i>[Signature]</i> Kimberly Haley, RN Investigations Manager	
Distribution: HQ/ISU		Received Investigative Services SEP 26 2014 DOH/MQA Tallahassee HQ Page 1	

RECEIVED-LEGAL  
14 SEP 26 PM 3:18

TABLE OF CONTENTS

I. INVESTIGATIVE REPORT COVER .....  
 II. TABLE OF CONTENTS .....  
 III. INVESTIGATIVE DETAILS

Interviews:

Interview of TERRI URBANOWICZ, Employee Relations Consultant (Source) .....3  
 Interview of AMBER M. COLON, CNA (Subject) .....3

IV. EXHIBITS

\* 1. Case Summary and attachments ..... 4-6  
 \* 2. Subject Notification letter with attachments, dated 09/11/14 ..... 7-13  
 \* 3. Status 30 Letter, 09/12/14 ..... 14  
 \* 4. Subpoena Duces Tecum #A0085710, directed to Florida Hospital ..... 15-20  
 \* 5. Documents for COLON received from Florida Hospital Human Resources ..... 21-32  
 \* 6. IPN/ DOH Investigator Communication Form directed to IPN, dated 09/15/14 ..... 33-35  
 \* 7. IPN/ DOH Investigator Communication Form from IPN, received 09/15/14 ..... 36-37  
 \* 8. Response Letter from COLON ..... 38-41

\* Exhibits contain information which identifies patient(s) by name and are sealed pursuant to section 456.057(9)(a) Florida Statute.

**INVESTIGATIVE DETAILS****INTERVIEW OF TERRI URBANOWICZ, Employee Relations Consultant (Source)**

Florida Hospital  
900 Winderley Place, Suite 1500  
Maitland, Florida 32751  
(407) 200-2477

On 09/11/14, TERRI URBANOWICZ was interviewed by phone and stated COLON tested positive for a fit-for-duty drug screening on 08/17/14. URBANOWICZ said there are no drug diversion issues with COLON nor was law enforcement notified.

On 09/18/14, URBANOWICZ was contacted by phone and said the records were sent overnight via Fed-Ex. She stated the drug screen reports, consent forms, chain of custody and MRO results are the property of Centra Care and Florida Hospital cannot provide third party information.

On 09/19/14, the requested records related to the reported incident were received (Exhibit #5) via Fed-Ex in the Orlando DOH office. The documents included a Separation of Work form, Fit for Duty Referral Form, an employee e-mail, COLON'S 09/02/14 employee statement, Florida Hospital's Drug Free Workplace policy and procedure and the Notification of Positive Drug Test for marijuana and alcohol.

Investigator Note: Centra Care and Florida Hospital require a patient release from COLON to release the drug screen report and MRO report. COLON has declined to sign a patient release.

**INTERVIEW OF AMBER M. COLON, CNA (Subject)**

120 Alder Court  
Sanford, Florida 32773  
(321) 363-6814

On 09/16/14, COLON was interviewed by phone and admitted she tested positive for marijuana and stated it was a one-time incident. She denies having a drug or alcohol addiction and does not want to relinquish her license. COLON said she is not aware of the Intervention Program for Nurses nor does not feel she is in need of their program. She stated her use of marijuana was an isolated incident and an error in judgment she regrets. COLON said she is pursuing a career in nursing and is concerned how this will affect her ability to obtain a nursing license.

On 09/24/14, a response letter (Exhibit #8) was received from COLON stating she made a mistake that was out of character of her moral standards. COLON stated she is drug free and is currently enrolled at Seminole State College pursuing her BSN. COLON contacted the Orlando DOH office by phone the same day to certify receipt of her response and stated she will forward references upon receipt. COLON said her urine screening was done in-house at Florida Hospital and she was not sent by Florida Hospital to Centra Care for testing. COLON verified said she does not want to sign a patient release at this time.

Investigator Note: A check of FLCCIS was negative for any criminal activity.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

BOARD:	Nursing
CASE NUMBER:	2014-09645
COMPLAINT MADE BY:	Intervention Project for Nurses
DATE OF COMPLAINT:	June 19, 2014
RESPONDENT:	Steven Patrick Garth, C.N.A. 1228 Timber Lane Jacksonville, FL 32211
RESPONDENT'S ATTORNEY:	Harry Shorstein, Esq. Shorstein, Lasnetski & Gihon 6550 St. Augustine Rd. Jacksonville, FL 32217
INVESTIGATED BY:	LaTavia Foye Jacksonville Office
REVIEWED BY:	Ann L. Prescott Assistant General Counsel
RECOMMENDATION:	Reconsideration (4038) Closed with Pending Discipline License Null and Void

**CLOSING ORDER ON RECONSIDERATION**

**THE COMPLAINT:** The Complainant alleged Respondent violated Section 464.204(1)(b), Florida Statutes (2013), by intentionally violating any provision of Chapter 464, Chapter 456, or the rules adopted by the board; and Section 456.072(1)(hh), Florida Statutes (2013), which provides that being terminated from a treatment program for impaired practitioners,

which is overseen by an impaired practitioner consultant as described in Section 456.076, Florida Statutes, for failure to comply without good cause with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program, constitutes grounds for disciplinary action.

**THE FACTS:** On or about December 17, 2014, the Department of Health filed an Administrative Complaint against Respondent. The Administrative Complaint alleged that on or about March 7, 2014, Respondent entered into a Monitoring Agreement with the Intervention Project for Nurses (IPN), with a projected active monitoring period from on or about March 3, 2014, through on or about March 2, 2019. The Administrative Complaint further alleged that, on or about June 17, 2014, Respondent was terminated from IPN due to noncompliance with the terms of the Monitoring Agreement. Respondent's license expired on January 15, 2013. Respondent failed to renew his license during the delinquency period and his license became null and void on January 16, 2015.

The Department and the Probable Cause Panel have determined that based upon the Respondent's license being null and void, this case should be dismissed without further prosecution. Should Respondent re-apply, the allegations addressed in this case shall be addressed before a new license will be issued by the Board of Nursing.

**THE LAW:** This case has been closed due to Respondent's null and void license.

It is, therefore, ORDERED that this matter be, and same is hereby, DISMISSED.

DONE AND ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

---

CHAIRPERSON, PROBABLE CAUSE PANEL  
BOARD OF NURSING

/ALP

7196 9008 9111 1388 2585

Steven P. Garth, R.N.  
1228 Timber Lane  
Jacksonville, Florida 32211

**TO:**  
Date Mailed 12/18/2014

**SENDER:**

**REFERENCE:**  
Jodi-Ann V. Livingstone  
Garth-2014-09639

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

**USPS®**  
**Receipt for**  
**Certified Mail™**

No Insurance Coverage Provided  
Do Not Use for International Mail

POSTMARK OR DATE

2. Article Number



7196 9008 9111 1388 2585

3. Service Type **CERTIFIED MAIL™**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Steven P. Garth, R.N.  
1228 Timber Lane  
Jacksonville, Florida 32211

Jodi-Ann V. Livingstone  
Garth Stip Pack 2014-09639

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

6. Date of Delivery

12/20/14

C. Signature

X

D. Is delivery address different from item 1? If YES, enter delivery address below:

Agent Addressee  
 Yes  
 No

2014 DEC 23 AM 9:23

PRACTITIONER REGULATION  
LEGAL

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



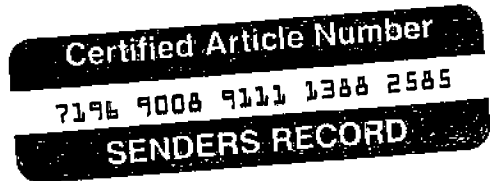
**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

December 18, 2014

Steven P. Garth, C.N.A.  
1228 Timber Lane  
Jacksonville, Florida 32211



RE: DOH v. Steven P. Garth, C.N.A.  
Case No. 2014-09645

Dear Mr. Garth:

Enclosed please find a copy of an Administrative Complaint that has been filed against your license by the Department of Health. An Election of Rights form is also enclosed.

Please review the attached documents and return the Election of Rights form to my attention. You **must** return the election to my office within twenty-one (21) days of the date you received it. Failure to return the election within twenty-one (21) days will be considered a waiver of your right to dispute the facts alleged in the Administrative Complaint.

Sincerely,

*J. Livingstone*  
Jodi-Ann V. Livingstone  
Assistant General Counsel  
(850) 245-4444 Ext. 8113

Enclosures: Administrative Complaint, Election of Rights form

cc : Harry Shorstein, Esquire

ELECTION OF RIGHTS

Please sign and complete all of the information below:

I received the Administrative Complaint on the following date: \_\_\_\_\_

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS.

OPTION 1. \_\_\_\_\_ I do not dispute the allegations of material fact in the Administrative Complaint. I request a hearing be conducted pursuant to Section 120.57(2), Florida Statutes, where I will be permitted to appear, if I so choose, and submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. \_\_\_\_\_ I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to the requirement of Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event that you fail to make an election in this matter within twenty-one (21) days from receipt of the Administrative Complaint, your failure to do so may be considered a waiver of your right to elect a hearing in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear your case.

PLEASE NOTE: Regardless of which option you choose, you may be able to reach a settlement agreement with the Department in your case. Please contact the prosecuting attorney if you wish to do so.

Respondent's Signature \_\_\_\_\_  
Address: \_\_\_\_\_

Attorney/Qualified Representative\* \_\_\_\_\_  
Address: \_\_\_\_\_

Lic. No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

\*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared \_\_\_\_\_, whose identity is known to me or produced \_\_\_\_\_ (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary Public-State of Florida

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Jodi-Ann V. Livingstone, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444 ext. 8113; FAX (850) 245-4683; TDD 1-800-955-8771



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-09645**

**STEVEN PATRICK GARTH, C.N.A.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Steven Patrick Garth, C.N.A., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a certified nursing assistant (C.N.A.) within the state of Florida, having been issued license number CNA 199358.

3. Respondent's address of record is 1228 Timber Lane, Jacksonville, Florida 32211.

4. On or about March 7, 2014, Respondent entered into a Monitoring Agreement with Intervention Project for Nurses (IPN).

5. IPN is the impaired nurses program for the Board of Nursing, designated pursuant to Section 456.076, Florida Statutes. IPN is a program that monitors the evaluation, care, and treatment of impaired nurses. IPN also provides for the exchange of information between treatment providers and the Department for the protection of the public.

6. The Monitoring Agreement, entered into by Respondent, had a projected active monitoring period from on or about March 3, 2014, through on or about March 2, 2019.

7. On or about June 11, 2014, Respondent requested his Monitoring Agreement with IPN be terminated. On or about June 17, 2014, Respondent was terminated from IPN due to noncompliance with the terms of the Monitoring Agreement.

8. Section 464.204(1)(b), Florida Statutes (2013), provides that intentionally violating any provision of Chapter 464, Chapter 456, or the

rules adopted by the board, constitutes grounds for which the board may impose disciplinary sanctions.

9. Section 456.072(1)(hh), Florida Statutes (2013), provides that being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant as described in Section 456.076, Florida Statutes, for failure to comply without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program, constitutes grounds for disciplinary action.

10. Respondent is licensed pursuant to Chapter 464, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2013).

11. As set forth above, on or about June 17, 2014, Respondent was terminated from IPN by failing to comply with the terms of his Monitoring Agreement, which had an active monitoring period from on or about March 3, 2014, through on or about March 2, 2019.

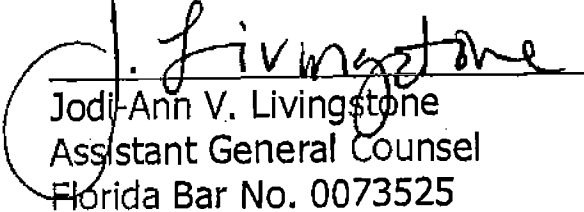
12. Based on the foregoing, Respondent violated Section 464.204(1)(b), Florida Statutes (2013), by intentionally violating Section

456.072(1)(hh), Florida Statutes (2013), by being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant as described in Section 456.076, Florida Statutes, for failure to comply without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this** 16<sup>th</sup> **day of** December, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

  
Jodi-Ann V. Livingstone  
Assistant General Counsel  
Florida Bar No. 0073525

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK **Angel Sanders**  
DATE DEC 17 2014

Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444  
Facsimile: (850) 245-4683  
jodi-ann.livingstone@flhealth.gov

/JVL

PCP Date: December 16, 2014

PCP Members: Nichols, Kemp, and Newman

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**



7196 9008 9111 1388 2578

\*

Harry Shorstein, Esquire  
Shorstein, Lasnetski and Gibon,  
6550 St. Augustine Road,  
Jacksonville, Florida 32217

TO: Date Mailed 12/18/2014

SENDER:

REFERENCE:  
Jodi-Ann V. Livingstone  
Garth-2014-09645

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

**USPS®**  
**Receipt for**  
**Certified Mail™**

No Insurance Coverage Provided  
Do Not Use for International Mail

POSTMARK OR DATE

2. Article Number



7196 9008 9111 1388 2578

- 3. Service Type **CERTIFIED MAIL™**
- 4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:  
Harry Shorstein, Esquire  
Shorstein, Lasnetski and Gibon,  
6550 St. Augustine Road,  
Jacksonville, Florida 32217

Jodi-Ann V. Livingstone  
Garth Stip Pack 2014-09645

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) <i>Celia Guerrero</i>	B. Date of Delivery <i>12/22</i>
C. Signature <i>[Signature]</i>	
<input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
D. Is delivery address different from item 1? If YES, enter delivery address below:	

2014 DEC 29 AM 8:15  
 PRACTITIONER REGULATION  
 LEGAL



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

December 18, 2014

Harry Shorstein, Esquire  
Shorstein, Lasnetski and Gihon,  
6550 St. Augustine Road,  
Jacksonville, Florida 32217

**Certified Article Number**

7196 9008 9111 1388 2578

**SENDERS RECORD**

RE: DOH v. Steven P. Garth, C.N.A.  
Case No. 2014-09645

Dear Mr. Shorstein:

Enclosed please find a copy of an Administrative Complaint that has been filed against your client's license by the Department of Health. An Election of Rights form is also enclosed.

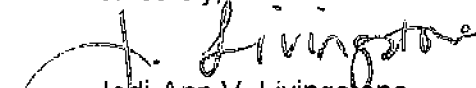
Please review the attached documents and return the Election of Rights form to my attention. You **must** return the election to my office within twenty-one (21) days of the date you received it. Failure to return the election within twenty-one (21) days will be considered a waiver of your client's right to dispute the facts alleged in the Administrative Complaint.

In addition, enclosed is a Settlement Agreement containing terms I believe will be acceptable in resolving this matter without the need for a Formal or Informal Hearing. If your client would like to accept the terms of the Settlement Agreement, please have it signed before a notary public and return it to my office. Please note that the Settlement Agreement is subject to final approval by the Board of Nursing and is considered disciplinary action.

A Voluntary Relinquishment form has also been included in this package for your client's consideration. If your client no longer wishes to practice nursing assistance in Florida, please return the notarized voluntary relinquishment form to my office. Please note that voluntary relinquishment of license is considered disciplinary action.

Please contact me by phone at 850-245-4444, extension 8113 if you have any questions.

Sincerely,

  
Jodi-Ann V. Livingstone  
Assistant General Counsel  
(850) 245-4444 Ext. 8113

JVL/pb

Enclosures: Administrative Complaint, Election of Rights form, Settlement Agreement, and Voluntary Relinquishment form

**Florida Department of Health**

Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row – Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4683

**www.FloridasHealth.com**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh

ELECTION OF RIGHTS

Please sign and complete all of the information below:

I received the Administrative Complaint on the following date: \_\_\_\_\_

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS.

OPTION 1. \_\_\_\_\_ I do not dispute the allegations of material fact in the Administrative Complaint. I request a hearing be conducted pursuant to Section 120.57(2), Florida Statutes, where I will be permitted to appear, if I so choose, and submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. \_\_\_\_\_ I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to the requirement of Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event that you fail to make an election in this matter within twenty-one (21) days from receipt of the Administrative Complaint, your failure to do so may be considered a waiver of your right to elect a hearing in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear your case.

PLEASE NOTE: Regardless of which option you choose, you may be able to reach a settlement agreement with the Department in your case. Please contact the prosecuting attorney if you wish to do so.

\_\_\_\_\_  
Respondent's Signature  
Address: \_\_\_\_\_

\_\_\_\_\_  
Attorney/Qualified Representative\*  
Address: \_\_\_\_\_

\_\_\_\_\_  
Lic. No.: \_\_\_\_\_

\_\_\_\_\_  
Phone No.: \_\_\_\_\_

\_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

\_\_\_\_\_  
Fax No.: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Email: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

\*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared \_\_\_\_\_, whose identity is known to me or produced \_\_\_\_\_ (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary Public-State of Florida

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Jodi-Ann V. Livingstone, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444 ext. 8113; FAX (850) 245-4683; TDD 1-800-955-8771

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-09645**

**STEVEN PATRICK GARTH, C.N.A.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Steven Patrick Garth, C.N.A., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.
2. At all times material to this Administrative Complaint, Respondent was a certified nursing assistant (C.N.A.) within the state of Florida, having been issued license number CNA 199358.

3. Respondent's address of record is 1228 Timber Lane, Jacksonville, Florida 32211.

4. On or about March 7, 2014, Respondent entered into a Monitoring Agreement with Intervention Project for Nurses (IPN).

5. IPN is the impaired nurses program for the Board of Nursing, designated pursuant to Section 456.076, Florida Statutes. IPN is a program that monitors the evaluation, care, and treatment of impaired nurses. IPN also provides for the exchange of information between treatment providers and the Department for the protection of the public.

6. The Monitoring Agreement, entered into by Respondent, had a projected active monitoring period from on or about March 3, 2014, through on or about March 2, 2019.

7. On or about June 11, 2014, Respondent requested his Monitoring Agreement with IPN be terminated. On or about June 17, 2014, Respondent was terminated from IPN due to noncompliance with the terms of the Monitoring Agreement.

8. Section 464.204(1)(b), Florida Statutes (2013), provides that intentionally violating any provision of Chapter 464, Chapter 456, or the

rules adopted by the board, constitutes grounds for which the board may impose disciplinary sanctions.

9. Section 456.072(1)(hh), Florida Statutes (2013), provides that being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant as described in Section 456.076, Florida Statutes, for failure to comply without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program, constitutes grounds for disciplinary action.

10. Respondent is licensed pursuant to Chapter 464, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2013).

11. As set forth above, on or about June 17, 2014, Respondent was terminated from IPN by failing to comply with the terms of his Monitoring Agreement, which had an active monitoring period from on or about March 3, 2014, through on or about March 2, 2019.

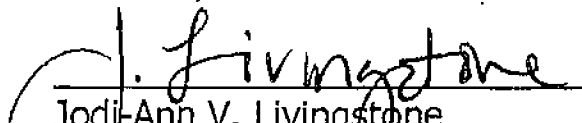
12. Based on the foregoing, Respondent violated Section 464.204(1)(b), Florida Statutes (2013), by intentionally violating Section

456.072(1)(hh), Florida Statutes (2013), by being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant as described in Section 456.076, Florida Statutes, for failure to comply without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this** 16<sup>th</sup> **day of** December, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

  
Jodi-Ann V. Livingstone  
Assistant General Counsel  
Florida Bar No. 0073525

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK **Angel Sanders**  
DATE **DEC 17 2014**

Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444  
Facsimile: (850) 245-4683  
jodi-ann.livingstone@flhealth.gov

/JVL

PCP Date: December 16, 2014

PCP Members: Nichols, Kemp, and Newman

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-09645**

**STEVEN P. GARTH, C.N.A.,**

**RESPONDENT.**

---

**SETTLEMENT AGREEMENT**

Pursuant to Section 120.57(4), Florida Statutes, the above named parties hereby offer this Settlement Agreement (Agreement) and agree to entry of a Final Order of the Board of Nursing (Board) incorporating this Agreement as disposition of the Administrative Complaint, in lieu of any other administrative proceedings. The terms herein become effective only if and when a Final Order accepting this Agreement is issued by the Board and filed with the Department of Health Agency Clerk.

In considering this Agreement, the Board may review all materials gathered during the investigation of this case. If this Agreement is rejected, it, and its presentation to the Board, shall not be used against either party.

**STIPULATED FACTS**

1. At all times material to this matter, Respondent was a **certified nursing assistant** in the State of Florida holding license number **199358**.
2. The Department charged Respondent with an Administrative Complaint that was properly served upon Respondent with violations of Chapters 456 and/or 464,

Florida Statutes. A true and correct copy of the Administrative Complaint is attached hereto and incorporated by reference as Exhibit A.

3. Respondent neither admits nor denies the factual allegations contained in the Administrative Complaint.

#### **STIPULATED LAW**

4. Respondent admits that he/she is subject to the provisions of Chapters 456 and 464, Florida Statutes, and the jurisdiction of the Department and the Board.

5. Respondent admits that the stipulated facts, if proven true, constitute violations of Chapter 456 and/or 464, Florida Statutes as alleged in the Administrative Complaint.

6. Respondent agrees that the Agreement is a fair, appropriate, and reasonable resolution of this pending matter.

#### **PROPOSED DISPOSITION**

7. The Respondent shall pay investigative costs not to exceed **one thousand three hundred forty-six dollars and fifty-six cents (\$1,346.56)** within **two (2) years** from the date of entry of the Final Order. Payment shall be made to the Board of Nursing and mailed to, DOH/HMQACS, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Nursing Compliance Officer. **Payment must be made by cashier's check or money order ONLY.** Personal checks will **NOT** be accepted.

8. Respondent's license is suspended until Respondent personally appears before the Board and can demonstrate the present ability to engage in the safe practice of nursing. That demonstration shall include at least an in-depth psychological evaluation coordinated through the Intervention Project for Nurses. The Respondent shall supply a copy of the Final Order accepting this Settlement Agreement to the evaluator. The evaluation must contain evidence that the evaluator knows of the reason for referral. The evaluator must specifically advise this Board that the Respondent is presently able to engage in the safe practice of nursing or recommend the conditions under which safe practice could be attained. The Respondent must also submit prior to appearance before the Board proof of continued treatment and counseling if recommended in the psychological evaluation. The Board reserves the right to impose reasonable conditions of reinstatement at the time Respondent appears before the Board to demonstrate the present ability to engage in the safe practice of nursing.

9. Within 30 days, the Respondent shall return the license to DOH-Compliance Management Unit, 4052 Bald Cypress Way, Tallahassee, Florida 32399-3276, Attention: Nursing Compliance Officer, or shall surrender his/her license to an investigator with the Department of Health. The Respondent's employer shall immediately be informed of the suspension in writing by the Respondent with a copy to DOH-Compliance Management Unit, 4052 Bald Cypress Way, Tallahassee, Florida 32399-3276, Attention: Nursing Compliance Officer.

10. The Respondent shall not violate Chapter 456 or 464, Florida Statutes, the rules promulgated pursuant thereto, any other state or federal law, rule, or regulation relating to the practice or the ability to practice nursing. Violation of an order from another state/jurisdiction shall constitute grounds for violation of the Final Order accepting this Settlement Agreement.

11. It is expressly understood that this Settlement Agreement is subject to the approval of the Department and the Board, and has no force and effect until a Final Order is entered accepting this Settlement Agreement.

12. This Settlement Agreement is executed by the Respondent for the purpose of avoiding further administrative action by the Board of Nursing regarding the acts or omissions specifically set forth in the Administrative Complaint attached hereto. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Agreement. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that presentation to, and consideration of, this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings. Respondent shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law.

13. Respondent and the Department fully understand that this Settlement Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or Department against the Respondent for acts

or omissions not specifically set forth in the Administrative Complaint attached hereto.

This Agreement relates solely to the current disciplinary proceedings arising from the above-mentioned Administrative Complaint and does not preclude further action by other divisions, departments, and/or sections of the Department, including but not limited to the Agency for Health Care Administration's Medicaid Program Integrity Office.

14. The Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

15. Respondent waives all rights to appeal and further review of this Agreement and these proceedings.

**WHEREFORE**, the parties hereto request the Board enter a Final Order accepting and implementing the terms of the Settlement Agreement contained herein.

(Signatures follow on next page.)

**SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
**Steven P. Garth, C.N.A.**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ whose identity is known to be by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Respondent before me this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

**APPROVED** this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

\_\_\_\_\_  
**Jodi-Ann V. Livingstone**

Assistant General Counsel

FBN: **0073525**

Department of Health

Prosecution Services Unit

4052 Bald Cypress Way, BIN #C-65

Tallahassee, Florida 32399-3265

Telephone (850) 245-4444

Facsimile (850) 245-4683

Email: [jodi-ann.livingstone@flhealth.gov](mailto:jodi-ann.livingstone@flhealth.gov)

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**v.**

**Case No. 2014-09645**

**STEVEN P. GARTH, C.N.A.,**

**Respondent.**

---

**VOLUNTARY RELINQUISHMENT OF LICENSE**

Respondent, Steven P. Garth, C.N.A., license number 199358, hereby voluntarily relinquishes Respondent's license to practice nursing in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this case. Respondent understands that acceptance by the Board of Nursing (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes. As with any disciplinary action, this relinquishment will be reported to the National Practitioner's Data Bank. Licensing authorities in other states may impose discipline in their jurisdiction based on discipline taken in Florida.

2. Respondent agrees to voluntarily cease practicing nursing immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from the

practice of nursing until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written Final Order in this matter.

3. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, and waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in this case. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible to the public.

4. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review, or to otherwise challenge or contest the validity of this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

5. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this case.

6. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this



Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related materials by the Board shall not prejudice or preclude the Board, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.

**SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
**Steven P. Garth, C.N.A.**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ whose identity is known to be by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Respondent before me this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

December 18, 2014

Intervention Project for Nurses  
Post Office Box 49130  
Jacksonville Beach, Florida 32240

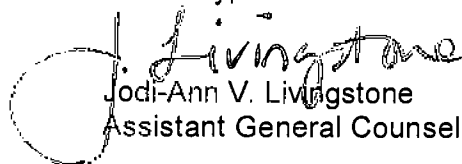
RE: DOH v. Steven P. Garth, C.N.A.  
Case No. 2014-09645

Dear Sir/Madam:

The Probable Cause Panel of the Board of Nursing has found probable cause to believe that the subject referenced above has violated the Nurse Practice Act. The attached Administrative Complaint is a formal charging document, similar to an information/indictment in a criminal case, and represents the general factual basis upon which the subject's license may be disciplined. The subject has the right to an evidentiary hearing to dispute the allegations. Please be aware that you may be required to testify regarding your knowledge of this case.

You will be notified of any hearings or proceedings to which you are required to attend. If you have any questions in the interim, please feel free to contact me at the address or telephone number listed below.

Sincerely,

  
Jodi-Ann V. Livingstone  
Assistant General Counsel

JAVL/pb

Enclosures: Administrative Complaint  
Explanation of Disciplinary Process

**Florida Department of Health**

Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row – Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4683

**www.FloridasHealth.com**

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-09645

STEVEN PATRICK GARTH, C.N.A.,

RESPONDENT.

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Steven Patrick Garth, C.N.A., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a certified nursing assistant (C.N.A.) within the state of Florida, having been issued license number CNA 199358.

3. Respondent's address of record is 1228 Timber Lane, Jacksonville, Florida 32211.

4. On or about March 7, 2014, Respondent entered into a Monitoring Agreement with Intervention Project for Nurses (IPN).

5. IPN is the impaired nurses program for the Board of Nursing, designated pursuant to Section 456.076, Florida Statutes. IPN is a program that monitors the evaluation, care, and treatment of impaired nurses. IPN also provides for the exchange of information between treatment providers and the Department for the protection of the public.

6. The Monitoring Agreement, entered into by Respondent, had a projected active monitoring period from on or about March 3, 2014, through on or about March 2, 2019.

7. On or about June 11, 2014, Respondent requested his Monitoring Agreement with IPN be terminated. On or about June 17, 2014, Respondent was terminated from IPN due to noncompliance with the terms of the Monitoring Agreement.

8. Section 464.204(1)(b), Florida Statutes (2013), provides that intentionally violating any provision of Chapter 464, Chapter 456, or the

rules adopted by the board, constitutes grounds for which the board may impose disciplinary sanctions.

9. Section 456.072(1)(hh), Florida Statutes (2013), provides that being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant as described in Section 456.076, Florida Statutes, for failure to comply without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program, constitutes grounds for disciplinary action.

10. Respondent is licensed pursuant to Chapter 464, Florida Statutes, and is a health care practitioner as defined in Section 456.001(4), Florida Statutes (2013).

11. As set forth above, on or about June 17, 2014, Respondent was terminated from IPN by failing to comply with the terms of his Monitoring Agreement, which had an active monitoring period from on or about March 3, 2014, through on or about March 2, 2019.

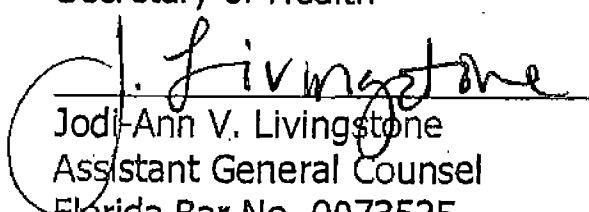
12. Based on the foregoing, Respondent violated Section 464.204(1)(b), Florida Statutes (2013), by intentionally violating Section

456.072(1)(hh), Florida Statutes (2013), by being terminated from a treatment program for impaired practitioners, which is overseen by an impaired practitioner consultant as described in Section 456.076, Florida Statutes, for failure to comply without good cause, with the terms of the monitoring or treatment contract entered into by the licensee, or for not successfully completing any drug treatment or alcohol treatment program.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED** this 16<sup>th</sup> day of December, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

  
Jodi-Ann V. Livingstone  
Assistant General Counsel  
Florida Bar No. 0073525

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK **Angel Sanders**  
DATE DEC 17 2014

Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444  
Facsimile: (850) 245-4683  
jodi-ann.livingstone@flhealth.gov

/JVL

PCP Date: December 16, 2014

PCP Members: Nichols, Kemp, and Newman

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

BOARD:	Nursing
CASE NUMBER:	2014-05698
COMPLAINT MADE BY:	DOH
DATE OF COMPLAINT:	April 14, 2014
SUBJECT:	John Mwai Thiong'o, C.N.A. 10939 South East 252nd Place AA303 Kent, Washington 98030
SUBJECT'S ATTORNEY	N/A
INVESTIGATED BY:	Anita M. Hill Consumer Services
REVIEWED BY:	Judson Searcy Assistant General Counsel
RECOMMENDATION:	Reconsideration (4038) Closed with Pending Discipline License Null and Void

**CLOSING ORDER ON RECONSIDERATION**

**THE COMPLAINT:** The Administrative Complainant alleged Subject violated Section 464.204(1)(b), Florida Statutes (2013), for intentionally violating Section 456.072(1)(q), Florida Statutes (2013), violating a lawful order of the department or the board.

**THE FACTS:** The Department filed an Administrative Complaint against Respondent on September 9, 2014, alleging that he failed to submit quarterly reports required by the Final Order in case number 2006-24099.

Subject's license expired on December 31, 2012. Subject failed to properly renew his license during the delinquency period. Subject's license became null and void on January 1, 2015.

The Department and the Probable Cause Panel have determined that based upon the Subject's license being null and void, this case should be dismissed without further prosecution. Should Subject re-apply, the allegations addressed in this case shall be addressed before a new license will be issued by the Board of Nursing.

**THE LAW:** This case has been closed due to Subject's null and void license.

It is, therefore, ORDERED that this matter be, and same is hereby, DISMISSED.

DONE AND ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

---

CHAIRPERSON, PROBABLE CAUSE PANEL  
BOARD OF NURSING

STATE OF WASHINGTON, COUNTY OF KING }  
AFFIDAVIT OF PUBLICATION

**PUBLIC NOTICE**

Linda M Mills, being first duly sworn on oath that she is the Legal Advertising Representative of the

**Kent Reporter**

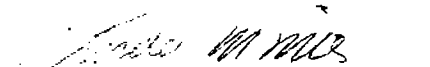
a weekly newspaper, which newspaper is a legal newspaper of general circulation and is now and has been for more than six months prior to the date of publication hereinafter referred to, published in the English language continuously as a weekly newspaper in King County, Washington. The Kent Reporter has been approved as a Legal Newspaper by order of the Superior Court of the State of Washington for King County.

The notice in the exact form annexed was published in regular issues of the Kent Reporter (and not in supplement form) which was regularly distributed to its subscribers during the below stated period. The annexed notice, a:

**Public Notice**

was published on January 16, 2015, January 23, 2015, January 30, 2015 and February 6, 2015.

The full amount of the fee charged for said foregoing publication is the sum of \$371.00.

  
Linda M. Mills

Legal Advertising Representative, Kent Reporter  
Subscribed and sworn to me this 6th day of February, 2015.



Kathleen C. Sherman, Notary Public for the State of Washington,  
Residing in Buckley, Washington.

NOTICE OF ACTION PRACTITIONER REGULATION  
BEFORE THE BOARD OF NURSING LEGAL

IN RE: The license to practice Nursing  
John Mwai Thiong'O  
10939 SE 252 P1AA303  
Kent, WA 98030  
CASE NO.: 2014-05698  
LICENSE NO.: 70371

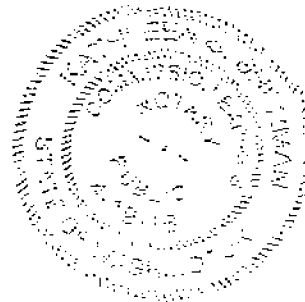
2015 MAR -2 AM 9:19

The Department of Health has filed an Administrative Complaint against you, a copy of which may be obtained by contacting Judson Searcy, Assistant General Counsel, Prosecution Services Unit, 4052 Bald Cypress Way, Bin #C65, Tallahassee Florida 32399-3265, (850) 245-4444.

If no contact has been made by you concerning the above by February 28, 2015, the matter of the Administrative Complaint will be presented at an ensuing meeting of the Board of Nursing in an informal proceeding.

In accordance with the Americans with Disabilities Act, persons needing a special accommodation to participate in this proceeding should contact the individual or agency sending this notice not later than seven days prior to the proceeding at the address given on the notice. Telephone: (850) 245-4444, 1-800-955-8771 (TDD) or 1-800-955-8770 (V), via Florida Relay Service.

Published in the Kent Reporter on January 16, 23, 30, 2015; February 6, 2015. #1227472.



**MEMORANDUM**

---

**TO:** PSU OPERATIONS  
**FROM:** ANN BROOME  
**SUBJECT:** JOHN MWAI THIONG'O, C.N.A.; 2014-05698  
**ATTORNEY:** JUDSON SEARCY  
**DATE:** January 9, 2015

---

This is a request to publish notice of the Administrative Complaint in the aforementioned case in the appropriate newspaper.

The Subject's last known address is:

**John Mwai Thiong'O**  
**10939 SE 252 Pl AA303**  
**Kent, WA 98030**

**BOARD: NURSING**  
**LICENSE NO.: 70371**

Please publish for four consecutive weeks and return the notice of publication to me. If you have any questions, please contact me at ext. 8126.

Thank you.

JS/ab

Enclosure: Copy of Administrative Complaint

cc: file

**1 From** Please print and guess hand

Date \_\_\_\_\_ Sender's FedEx Account Number **4577-1496-3**

Set Mail \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Monica Unser 360-565-5124  
 SSP Legal Support Services  
 6044 Portal Way #104  
 Ferndale, WA 98248

**2 Your Internal Billing Reference**  
 First 24 characters will appear on invoice.

**3 To**  
 Recipient's Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Recipient's Address \_\_\_\_\_  
 We cannot deliver to f \_\_\_\_\_  
 Adr \_\_\_\_\_  
 To or \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Judson Searcy 850-245-4444  
 DOH/Prosecution Services Unit  
 4052 Bald Cypress Way, Bin C65  
 Tallahassee, FL 32399-3265



**Schedule a pickup at FedEx.com**  
 Simplify your shipping. Manage your account. Access all the tools you need.

**4a Express Package Service**

FedEx Priority Overnight  
 Next business morning, 7 a.m. - 7 p.m. delivery on Monday through Saturday. Delivery is subject to FedEx Priority Overnight's selection.

FedEx 2Day  
 Second business day, Thursday through Saturday. Delivery is subject to FedEx 2Day's selection.

FedEx Express Saver  
 Third business day, Monday through Saturday. Delivery is subject to FedEx Express Saver's selection.

**4b Express Freight Service**

FedEx 1Day Freight\*  
 Next business day, 7 a.m. - 7 p.m. delivery on Monday through Saturday. Delivery is subject to FedEx 1Day Freight's selection.

FedEx 2Day Freight\*  
 Second business day, 7 a.m. - 7 p.m. delivery on Monday through Saturday. Delivery is subject to FedEx 2Day Freight's selection.

**5 Packaging**

FedEx Envelope\*  
 FedEx Pak\*  
 FedEx Small Pak  
 FedEx Large Pak and FedEx Sure Pak  
 FedEx Box  
 FedEx Tube  
 Other \_\_\_\_\_

**6 Special Handling**

SATURDAY Delivery  
 NOT Available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express, or FedEx 2Day Freight.

HOLD Weekday at FedEx Location  
 NOT Available for FedEx Priority Overnight or FedEx 2Day Freight.

HOLD Saturday at FedEx Location  
 Available ONLY for FedEx Priority Overnight or FedEx 2Day Freight.

**7 Payment Bill to:**

Sender's Account  
 Recipient  
 Third Party  
 Credit Card  
 Cash/Check

**8 Residential Delivery Signature Options**

No Signature Required  
 Direct Signature  
 Indirect Signature

**520**

RETAIN THIS COPY FOR YOUR RECORDS

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT OF SERVICE OR DILIGENT SEARCH**

Department of Health  
Petitioner  
vs  
John M. Thiong'O, C.N.A.  
Respondent

Case No. 2014-05698

COMES NOW, the affiant, who first being duly sworn, deposes and states:

1) Affiant is a/an Process Server employed by SSP-LEGAL SUPPORT SERVICES, State of WASHINGTON

2) That on (date) 12-2-2014, Affiant made a diligent effort to locate Respondent, to serve  Administrative Complaint and related papers;  Order compelling examination(s);  Subpoena(s);  Final order;  Notice to cease and desist;  ESO/ERO and related papers.

3) Check applicable answer below:

Affiant made personal service on Respondent or on some person over the age of 15 residing at (address) \_\_\_\_\_ on (date) \_\_\_\_\_.

Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent provided to me by the DOH Prosecution Services Unit; (b) Local telephone company for the last area Respondent was known to frequent; (d) Division of Drivers Licenses; and (e) Utilities (electric, cable, etc.); any others: SKIP TRACE - LIVES IN DAYTONA, FLA

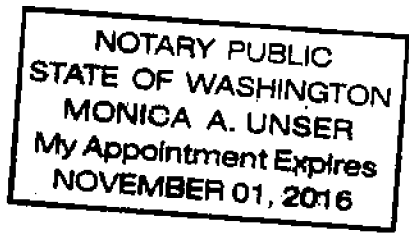
Affiant Signature

State of WASHINGTON County of KITSAP

Before me, personally appeared Affiant, whose identity is known to me by DANIEL A. STARKWEATHER (ID type) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed before me this 9<sup>th</sup> day of December, 2014

Monica A. Unser  
Signature of Notary Public  
My Commission Expires: 11/01/2016  
MONICA A. UNSER  
Printed Name of Notary Public



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

November 20, 2014

Monica Unser  
SSP Legal Support Services  
6044 Portal Way #104  
Ferndale, WA 98248

RE: DOH v. John M. Thiong'O, C.N.A.; 2014-05698


Dear Ms. Unser:

Enclosed please find an Administrative Complaint package to be hand served on the above captioned individual. Upon service, please prepare an Affidavit of Diligent Service and return same to our office. Should you be unable to serve Respondent, please forward to our office an Affidavit of Diligent Search. Information regarding Respondent, is as follows:

John M. Thiong'O  
10939 SE 252 Pl #AA303  
Kent, WA 98030

I have also enclosed a check in the amount of \$75.00, as payment of your fee for the service of process. Should you have any questions, please do not hesitate to give me a call.

Sincerely,



Judson Searcy  
Assistant General Counsel

JS/ab

Enclosures: Stip Pack; check #7586; return envelope

**Florida Department of Health**

Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
PHONE: 850/245-4444 ext. 8109 • FAX 850/245-4683

**www.FloridasHealth.com**

TWITTER:HealthyFLA  
FACEBOOK:FLDepartmentofHealth  
YOUTUBE: fldoh

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT OF SERVICE OR DILIGENT SEARCH**

\_\_\_\_\_  
Department of Health  
Petitioner

vs

Case No. 2014-05698

\_\_\_\_\_  
John M. Thiong'O, C.N.A.  
Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

1) Affiant is a/an \_\_\_\_\_ employed by \_\_\_\_\_, State of \_\_\_\_\_.

2) That on (date) \_\_\_\_\_, Affiant made a diligent effort to locate Respondent, to serve  
\_\_x\_\_ Administrative Complaint and related papers; \_\_\_\_\_ Order compelling examination(s); \_\_\_\_\_ Subpoena(s);  
\_\_\_\_\_ Final order; \_\_\_\_\_ Notice to cease and desist; \_\_\_\_\_ ESO/ERO and related papers.

3) Check applicable answer below:

\_\_\_\_\_ Affiant made personal service on Respondent or on some person over the age of 15 residing at  
(address) \_\_\_\_\_ on (date) \_\_\_\_\_.

\_\_\_\_\_ Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent  
provided to me by the DOH Prosecution Services Unit; (b) Local telephone company for the last area Respondent  
was known to frequent; (d) Division of Drivers Licenses; and (e) Utilities (electric, cable, etc.); any others: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Affiant Signature

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me, personally appeared Affiant, whose identity is known to me by \_\_\_\_\_ (ID  
type) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary Public  
My Commission Expires:

\_\_\_\_\_  
Printed Name of Notary Public



From: (850) 245-4444  
Judson Searcy  
DOH-PSU  
2585 Merchants Row  
Suite 245  
Tallahassee, FL 32399

Origin ID: TL-HA



Ship Date: 24NOV14  
ActWgt: 1.0 LB  
CAD: 104457725/NET1350

Delivery Address Bar Code



SHIP TO: (360) 856-5103 X101

BILL SENDER

Monica Unser  
SSP Legal Support Services  
6044 Portal Way #104

FERNDAL, WA 98248

Ref # 2014-05888  
Invoice #  
PO #  
Dept #

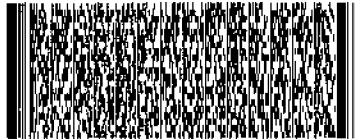
TUE - 25 NOV AM  
STANDARD OVERNIGHT

TRK# 7719 6298 1415

0201

98248  
WA-US  
SEA

XH BLIA



022G1618C8A09

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or Inkjet printer.
2. Fold the printed page along the horizontal line
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

Greg Rustand, Inc.,  
dba SSP - Legal Support Services  
6044 Portal Way, #104  
Ferndale, WA 98248  
Phone: (360) 656-5103  
Fax: (360) 656-5124  
91 1291182

**INVOICE**

Invoice #SSP-2014003591  
12/17/2014

Judson Searcy  
DEPARTMENT OF HEALTH/PROSECUTION SERVICES UNIT  
4052 Bald Cypress Way  
Bin C65  
Tallahassee, FL 32399-3265

Reference Number: 2014-05698

Case Number: 2014-05698

PETITIONER:  
DEPARTMENT OF HEALTH

RESPONDENT:  
JOHN MWAI THIONG'O, C.N.A.,

Non-Served: 12/2/2014  
To be served on: JOHN MWAI THING'O, C.N.A

**ITEMIZED LISTING**

Line Item	Quantity	Price	Amount
Service Fee	1.00	75.00	75.00
TOTAL CHARGED:			\$75.00
11/26/2014	Check #7586	Pre-Payment	75.00
<b>BALANCE DUE:</b>			<b>\$0.00</b>

**Thank you for your business!**

**Comments pertaining to this Invoice:**

Verified with King County Assessor and Zillow.com that address does not exist. Skip trace done which shows John Thiong'o most recent address as 361 Dr. Martin Luther King Jr., #108, Daytona, FL 32114, cell phone #(386) 383-7505.

PAYMENTS ARE DUE UPON RECEIPT. PAST DUE INVOICES WILL ACCRUE A LATE CHARGE OF 5%.  
PAYMENTS ARE APPLIED TO LATE CHARGES FIRST.  
Direct Any Questions to SSP Corporate Bookkeeper at (800) 999-1715.

SSP Legal Support Services, appreciate your Business.

2014 DEC 22 PM 2:07  
PRACTITIONER REGULATION  
LEGAL

THE RED THERMO SECURED SP LOGO IN THE LOWER CORNER OF THIS CHECK MUST FADE TEMPORARILY WHEN WARNED BY TOUCH OR FRICTION. SEE BACK FOR ADDITIONAL FEATURES.



DEPARTMENT OF HEALTH  
HEADQUARTERS REVOLVING FUND  
4052 BALD CYPRESS WAY  
TALLAHASSEE, FL 32399-1729

7586

DATE 11/13/14

64-975/612

PAY TO THE ORDER OF \$ 75.00

SSP Legal Support Services  
Seventy-five and 00/100

DOLLARS

*Bill Abassi*  
*Paulina Howell*

VOID AFTER 90 DAYS  
TWO SIGNATURES REQUIRED

WELLS  
FARGO  
Wells Fargo Bank, N.A.

MEMO evidence

⑆6400007586⑆ ⑆06⑆209756⑆ 207990014940⑆



9414 7266 9904 2007 1126 20

**TO:**

John M Thiong'O, CNA  
2014-05698  
ab/JS - Stip Pk  
Sent 9/11/2014

John Thiong'O  
10939 SE 252 Pl #AA303  
Kent, WA 98030

SERVICE		
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

**USPS®**  
**Receipt for**  
**Certified Mail™**

No Insurance Coverage Provided  
Do Not Use for International Mail

POSTMARK OR DATE

9/11/14



Florida Department of Health  
 Office of the General Counsel  
 Prosecution Services Unit  
 4052 Bald Cypress Way, Bin C-65  
 Tallahassee, Florida 32399-1701

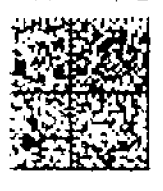
Judson Searcy 850-245-4444  
 DOH/Prosecution Services Unit  
 4052 Bald Cypress Way, Bin C65  
 Tallahassee, FL 32399-3265

DELIVERED MAIL



9414 7266 9904 2007 1126 20

FIRST CLASS



03 PM SEP 11 20  
 330007439 -  
 MAILED FROM ZIP CODE 323

LN  
 9-13

9/24  
 9/29

John Thiong'O  
 10939 SE 252 Pl #AA303  
 Kent, WA 98030

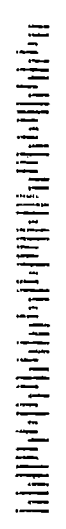
2014 OCT -7 PM 1:48  
 FRANCHISER REGULATOR

NIXIE

980302015-1N

10/03/14

RETURN TO SENDER  
 UNABLE TO FORWARD  
 UNABLE TO FORWARD  
 RETURN TO SENDER



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

September 11, 2014

John Thiong'o  
10939 SE 252nd PL AA303  
Kent, WA 98030

**Certified Article Number**

9414 7266 9904 2007 1126 20

**SENDERS RECORD**

RE: DOH v. John Mwai Thiong'o, C.N.A.  
Case Number 2014-05698

Dear Mr. Thiong'o:

Enclosed is a copy of an Administrative Complaint that has been filed against your license, along with an Explanation of Rights and an Election of Rights form. You have also been provided with a Settlement Agreement containing disciplinary terms I believe will be acceptable in resolving this matter. If you agree with the terms of the Settlement Agreement, please sign it before a notary public and return it to my office. Please be aware that the Settlement Agreement is subject to final approval by the Board of Nursing. A Voluntary Relinquishment form has also been included in this package for your consideration. Voluntarily relinquishing your license is considered disciplinary action. However, signing the Voluntary Relinquishment form will allow you to avoid costs and forgo further disciplinary hearings.

You may also want to read and understand the several provisions of Florida Statutes and administrative rules related to this disciplinary action. For further information, please consult with your attorney or refer to the following websites: [www.leg.state.fl.us](http://www.leg.state.fl.us) and <http://www.flrules.org>.

If you accept the Settlement Agreement, your case will be scheduled for the next available Board meeting for consideration. Your attendance at this meeting may be required. You will receive details regarding the meeting date, time, and location once the case is scheduled. If the Board accepts the Settlement Agreement, then its terms become the final resolution of the case. Should the Board not accept the Settlement Agreement, then your response on the Election of Rights form will determine how the case will proceed.

**PLEASE NOTE the signed and notarized Election of Rights form must be received by the Department of Health within twenty-one (21) days of the date you were served. Failure to file this form within twenty-one (21) days may be considered a waiver of your right to dispute the allegations in this matter.**

Sincerely,

Judson Searcy  
Assistant General Counsel

JS/ab

Enclosures: Administrative Complaint, Election of Rights, Explanation of Rights  
Settlement Agreement and Voluntary Relinquishment

ELECTION OF RIGHTS

Case Name: John Mwai Thiong'O, C.N.A.

Case No. 2014-05698

PLEASE SELECT ONLY 1 OF THE 3 OPTIONS

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

OPTION 1. I do not dispute the allegations of fact in the Administrative Complaint, but do wish to be accorded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. I do not dispute the allegations of fact contained in the Administrative Complaint and waive my right to object or to be heard. I request that the Board enter a final order pursuant to Section 120.57, Florida Statutes.

OPTION 3. I do dispute the allegations of fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. I specifically dispute the following paragraphs of the Administrative Complaint:

\_\_\_\_\_

\_\_\_\_\_

In addition to the above selection, I also elect the following:

- ( ) I accept the terms of the Settlement Agreement, have signed and am returning the Settlement Agreement or I am interested in settling this case.
- ( ) I do not wish to continue practicing and have signed and returned the Voluntary Relinquishment of licensure form.

Regardless of which option I have selected, I understand that I will be given notice of time, date, and place when this matter is to be considered by the Board for Final Action. Mediation under Section 120.573, Florida Statutes, is not available in this matter. (Please sign and complete all the information below.)

\_\_\_\_\_  
Respondent Signature  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, whose identity is known to be by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Judson Searcy, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444; FAX (850) 245-4683- TDD 1-800-955-8771.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**EXPLANATION OF RIGHTS**

In response to the allegations set forth in the Administrative Complaint issued by the Department of Health, you should make **ONE OF THREE** of the following elections within twenty-one (21) days from the date of receipt of the Administrative Complaint. Please make your election on the attached Election of Rights form and return it fully executed to the address listed on the form. **Your Election of Rights must be received by the Department within twenty-one (21) days of the date you were served.**

Option 1 – If you do not dispute any material fact alleged in the Administrative Complaint, you may request a proceeding pursuant to Section 120.57(2), Florida Statutes, before the Board. At this proceeding you will be given an opportunity to present both written and oral evidence in mitigation of the allegations contained in the Administrative Complaint. This request should be directed to the Department by checking the appropriate space, marked as Option 1, on the Election of Rights form.

Option 2 – If you do not dispute any material fact alleged in the Administrative Complaint and you do not desire to participate in the disposition of the case, you may elect Option 2 on the Election of Rights form.

Option 3 – If you do dispute any material fact alleged in the Administrative Complaint, you may request a formal hearing and the appointment of an Administrative Law Judge with the Division of Administrative Hearings pursuant to Section 120.569(2)(a), Florida Statutes, by checking the appropriate space, marked as Option 3, on the Election of Rights form. You must also specifically indicate which paragraphs you dispute in the Administrative Complaint pursuant to Rule 28-106.2015(5)(c), Florida Administrative Code. Failure to do so may be considered a waiver of your right to dispute the allegations at a formal hearing.

Regardless of whether you dispute any material fact alleged in the Administrative Complaint and after choosing one of the three options above, you may also sign the Settlement Agreement or request the opportunity to enter into a Settlement Agreement to resolve this case, pursuant to Section 120.57(4), Florida Statutes. If you accept the Settlement Agreement, it will be presented to the Board for approval. Please be advised that a Final Order approving a Settlement Agreement is considered disciplinary action and will be reported as such.

You may also sign the Voluntary Relinquishment of license, which will be presented to the Board for approval. Please be advised that a Final Order accepting the Voluntary Relinquishment is considered disciplinary action and will be reported as such.

**Failure to file the Election of Rights form within twenty-one (21) days may be considered a waiver of your right to dispute the allegations in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear the case and impose discipline against your license.**



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-05698**

**JOHN MWAI THIONG'O, C.N.A.,**

**RESPONDENT.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, John Mwai Thiong'o, C.N.A., and In support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a certified nursing assistant (C.N.A.) within the state of Florida, having been issued license number CNA 70371.

3. Respondent's address of record is 10939 South East 252nd Place, AA303, Kent, Washington 98030.

4. On or about January 28, 2008, the Board of Nursing filed a Final Order in case number 2006-24099.

5. The Final Order placed Respondent's license on probation, which required Respondent, whether employed as a nursing assistant or not, to submit written reports to the Nursing Compliance Officer every three (3) months.

6. The Final Order also stipulated that if Respondent ceases to practice as a nursing assistant in the state of Florida, the probation shall be tolled until Respondent returns to active practice as a nursing assistant in Florida.

7. Respondent failed to submit quarterly reports as required by the Final Order due by November 28, 2013, February 28, 2014, and May 31, 2014.

8. Section 464.204(1)(b), Florida Statutes (2013), provides intentionally violating any provision of chapter 464, chapter 456, or the rules adopted by the board, constitutes grounds for disciplinary action.

9. Section 456.072(1)(q), Florida Statutes, (2013), provides that violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department, constitutes grounds for disciplinary action.

10. Respondent intentionally violated a lawful order of the Board of Nursing by not submitting quarterly reports due by November 28, 2013, February 28, 2014, and May 31, 2014, as required by the Final Order filed on January 28, 2008.

11. Based on the foregoing, Respondent violated Section 464.204(1)(b), Florida Statutes (2013), by intentionally violating Section 456.072(1)(q), Florida Statutes (2013), by violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED** this 8<sup>th</sup> day of September, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and Secretary of Health

  
\_\_\_\_\_  
JUDSON SEARCY

Assistant General Counsel  
Fla. Bar No. 98772  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444 ex. 8100  
Facsimile: (850) 245-4683  
Email: judson.searcy@flhealth.gov

**FILED**

DEPARTMENT OF HEALTH  
DEPUTY CLERK

BY: Angel Sauter

DATE: SEP 09 2014

PCP: 09/08/2014

PCP Members: Trybulski & Kemp

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**Case No. 2014-05698**

**JOHN MWAI THIONG'O, C.N.A.,**

**RESPONDENT.**

---

**SETTLEMENT AGREEMENT**

Pursuant to Section 120.57(4), Florida Statutes, the above named parties hereby offer this Settlement Agreement (Agreement) and agree to entry of a Final Order of the Board of Nursing (Board) incorporating this Agreement as disposition of the Administrative Complaint, in lieu of any other administrative proceedings. The terms herein become effective only if and when a Final Order accepting this Agreement is issued by the Board and filed with the Department of Health Agency Clerk.

In considering this Agreement, the Board may review all materials gathered during the investigation of this case. If this Agreement is

rejected, it, and its presentation to the Board, shall not be used against either party.

### **STIPULATED FACTS**

1. At all times material to this matter, Respondent was a certified nursing assistant in the State of Florida holding license number CNA 70371.

2. The Department charged Respondent with an Administrative Complaint that was properly served upon Respondent with violations of Chapters 456 and/or 464, Florida Statutes. A true and correct copy of the Administrative Complaint is attached hereto and incorporated by reference as Exhibit A.

3. Respondent neither admits nor denies the factual allegations contained in the Administrative Complaint.

### **STIPULATED LAW**

1. Respondent admits that he/she is subject to the provisions of Chapters 456 and 464, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the stipulated facts, if proven true, constitute violations of Chapter 456 and/or 464, Florida Statutes as alleged in the Administrative Complaint.

3. Respondent agrees that the Agreement is a fair, appropriate, and reasonable resolution of this pending matter.

### **DISPOSITION**

1. The Respondent shall pay an administrative fine in the amount of **FIFTY DOLLARS** (\$50.00) and investigative costs not to exceed **ONE THOUSAND ONE HUNDRED SEVENTY DOLLARS AND EIGHTY CENTS** (\$1,170.80) within one (1) year from the date of entry of the Final Order. Payment shall be made to the Board of Nursing and mailed to, DOH/HMQACS, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320, Attention: Nursing Compliance Officer. **Payment must be made by cashier's check or money order ONLY.** Personal checks will **NOT** be accepted.

2. Respondent's license is **suspended** until Respondent demonstrates compliance with each and every term of the Final Order in Case No. 2006-24099, filed on January 28, 2008.



3. The Respondent shall not violate Chapter 456 or 464, Florida Statutes, the rules promulgated pursuant thereto, any other state or federal law, rule, or regulation relating to the practice or the ability to practice nursing. Violation of an order from another state/jurisdiction shall constitute grounds for violation of the Final Order accepting this Settlement Agreement.

4. It is expressly understood that this Settlement Agreement is subject to the approval of the Department and the Board, and has no force and effect until a Final Order is entered accepting this Settlement Agreement.

5. This Settlement Agreement is executed by the Respondent for the purpose of avoiding further administrative action by the Board of Nursing regarding the acts or omissions specifically set forth in the Administrative Complaint attached hereto. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Agreement. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that presentation to, and consideration of, this Settlement Agreement and other

documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings. Respondent shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law.

6. Respondent and the Department fully understand that this Settlement Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or Department against the Respondent for acts or omissions not specifically set forth in the Administrative Complaint attached hereto. This Agreement relates solely to the current disciplinary proceedings arising from the above-mentioned Administrative Complaint and does not preclude further action by other divisions, departments, and/or sections of the Department, including but not limited to the Agency for Health Care Administration's Medicaid Program Integrity Office.

7. The Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this disciplinary proceeding.

8. Respondent waives all rights to appeal and further review of this Agreement and these proceedings.

**WHEREFORE**, the parties hereto request the Board enter a Final Order accepting and implementing the terms of the Settlement Agreement contained herein.

**SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
John Thiong'O, C.N.A.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ whose identity is known to me by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**APPROVED** this \_\_\_\_ day of \_\_\_\_\_, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

---

Judson Searcy  
Assistant General Counsel  
FBN: 98772  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, BIN #C-65  
Tallahassee, Florida 32399-3265  
Telephone (850) 245-4444, ext. 8104  
Facsimile (850) 245-4683  
Email: Judson.searcy@flhealth.gov

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**Case No. 2014-05698**

**JOHN MWAI THIONG'O, C.N.A.,**

**RESPONDENT.**

\_\_\_\_\_ /

**VOLUNTARY RELINQUISHMENT OF LICENSE**

Respondent, John Thiong'o, license number CNA 70371, hereby voluntarily relinquishes Respondent's license to practice nursing in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this case. Respondent understands that acceptance by the Board of Nursing (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes. As with any disciplinary action, this relinquishment will be reported to the National Practitioner's Data Bank.

Licensing authorities in other states may impose discipline in their jurisdiction based on discipline taken in Florida.

2. Respondent agrees to voluntarily cease practicing nursing immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from the practice of nursing until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written Final Order in this matter.

3. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, and waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in this case. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible to the public.

4. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review, or to otherwise challenge or contest the validity of this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

5. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this case.

6. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related materials by the Board shall not prejudice or preclude the Board, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.

**SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 2014.

---

John Thiong'O



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-05698**

**JOHN MWAI THIONG'O, C.N.A.,**

**RESPONDENT.**

\_\_\_\_\_ /

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, John Mwai Thiong'o, C.N.A., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a certified nursing assistant (C.N.A.) within the state of Florida, having been issued license number CNA 70371.

3. Respondent's address of record is 10939 South East 252nd Place, AA303, Kent, Washington 98030.

4. On or about January 28, 2008, the Board of Nursing filed a Final Order in case number 2006-24099.

5. The Final Order placed Respondent's license on probation, which required Respondent, whether employed as a nursing assistant or not, to submit written reports to the Nursing Compliance Officer every three (3) months.

6. The Final Order also stipulated that if Respondent ceases to practice as a nursing assistant in the state of Florida, the probation shall be tolled until Respondent returns to active practice as a nursing assistant in Florida.

7. Respondent failed to submit quarterly reports as required by the Final Order due by November 28, 2013, February 28, 2014, and May 31, 2014.

8. Section 464.204(1)(b), Florida Statutes (2013), provides intentionally violating any provision of chapter 464, chapter 456, or the rules adopted by the board, constitutes grounds for disciplinary action.

9. Section 456.072(1)(q), Florida Statutes, (2013), provides that violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department, constitutes grounds for disciplinary action.

10. Respondent intentionally violated a lawful order of the Board of Nursing by not submitting quarterly reports due by November 28, 2013, February 28, 2014, and May 31, 2014, as required by the Final Order filed on January 28, 2008.

11. Based on the foregoing, Respondent violated Section 464.204(1)(b), Florida Statutes (2013), by intentionally violating Section 456.072(1)(q), Florida Statutes (2013), by violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of the department.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this** 8<sup>th</sup> **day of** September, **2014.**

John H. Armstrong, MD, FACS  
State Surgeon General and Secretary of Health

  
\_\_\_\_\_  
JUDSON SEARCY

Assistant General Counsel  
Fla. Bar No. 98772  
Florida Department of Health  
Office of the General Counsel  
4052 Bald Cypress Way, Bin #C65  
Tallahassee, FL 32399-3265  
Telephone: (850) 245-4444 ex. 8100  
Facsimile: (850) 245-4683  
Email: judson.searcy@flhealth.gov

**FILED**

DEPARTMENT OF HEALTH  
DEPUTY CLERK

ERK: 

DATE: SEP 09 2014

PCP: 09/08/2014

PCP Members: Trybulski & Kemp

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**



STATE OF FLORIDA

DEPARTMENT OF HEALTH



INVESTIGATIVE REPORT

Office: Consumer Services Unit	Date of Complaint: April 14, 2014	Case Number: 201405698
Subject: JOHN MWAI THIONG'O 10939 SE 252 <sup>nd</sup> PL AA303 Kent, WA 98030 386-383-7505	Source: DEPARTMENT OF HEALTH Compliance Management Unit	
Profession: Certified Nursing Assistant	License Number and Status: PH70371/Delinquent, Active	
Related Case(s):	Period of Investigation and Type of Report: 04/21/2014 to 06/17/2014 - Final	
Alleged Violation: SS. 456.072(1)(k)(q)(dd), 464.018(1)(l)(o) and 464.204(1)(b), F.S.		
Synopsis: This investigation is predicated on the receipt of a complaint from the DEPARTMENT OF HEALTH stating THIONG'O has failed to provide respondent and supervisor reports, due 11/18/2013 and 02/28/2014, as required by Final Order No DOH-08-0134-FOI-MQA, filed 11/18/2013. THIONG'O is required to submit reports whether employed as a nurse or not.		
THIONG'O has not responded to notification of this complaint as of the date of this report.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Patient Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/COMPAS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board certified? Name of Board: Date: Specialty: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Law Enforcement Notification? Date: Agency: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject represented by an attorney? Attorney information:		
Investigator/Date: <i>Anita M. Hill</i> Anita M. Hill - 06/17/2014	Approved By/Date: <i>Nicole Singleton</i> <i>Nicole Singleton</i> 6/27/14	
Distribution: Prosecution Services Unit		Page 1

RECEIVED-LEGAL  
14 JUL - 1 AM 9:12

TABLE OF CONTENTS

I. INVESTIGATIVE REPORT COVER .....1

II. TABLE OF CONTENTS .....2

III. INVESTIGATIVE DETAILS.....3

IV. EXHIBITS

    1. Case Summary with attachments..... 4-17

    2. Copy of Notification letters, dated 04/21/2014 and 05/28/2014..... 18-20

\* Exhibits contain information which identifies patient(s) by name and are sealed pursuant to section 456.057(9)(a) Florida Statute.

\*\*\*This exhibit contains confidential records concerning reports of abuse, neglect or exploitation of the vulnerable adult, including reports made to the central abuse hotline, and is sealed pursuant to section 415.107(1), Florida Statutes

INVESTIGATIVE DETAILS

Exhibit #1 is the case summary with attachments. The attachments are a Uniform Referral Form and Final Order No. DOH-08-0134-FOI-MQA, filed 01/28/2008.

Exhibit #2 is THIONGO's notification letters, 04/21/2014 and 05/28/2014.



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

BOARD: Nursing

CASE NUMBER: 2014-01189


COMPLAINT MADE BY: Kathy Moyers, R.N.  
Director of Nursing  
Parklands Rehab & Nursing Center  
1000 SW 16<sup>th</sup> Avenue  
Gainesville, Florida 32601

COMPLAINT MADE AGAINST: Vanna Estelle Crawford, R.N..  
3 Flagler Drive  
Palm Coast, Florida 32137

SUBJECT'S ATTORNEY: Pro Se

DATE OF COMPLAINT: February 28, 2014

INVESTIGATED BY: Tamra L. Doke  
ISU- Alachua

REVIEWED BY: Karine Gialella   
Assistant General Counsel

RECOMMENDATION: DISMISS (4099)

**NOTICE OF DISMISSAL/RECONSIDERATION**

**THE COMPLAINT:** In an Administrative Complaint filed on September 15, 2014, Petitioner alleges Subject violated Section 464.018(1)(j), Florida Statutes (2013-2014), by being unable to practice as a registered nurse with reasonable skill and safety to patients due to her history of depression with psychotic features; anxiety disorder, not otherwise specified ("NOS"); opiate dependence; alcohol abuse versus dependence; cocaine abuse versus dependence; and/or marijuana abuse versus dependence.

**THE FACTS:** Between about October 2013, through about January 2014, Respondent was placed under involuntary inpatient placement at Meridian Behavioral Healthcare ("Meridian") twice. Immediately her release from Meridian, on or about January 19, 2014, Respondent began working the 3:00 p.m. to 11:00 p.m. shift as a registered nurse at Parklands

Rehabilitation and Nursing Center ("Parklands"). At around 5:00 p.m., Respondent left the facility and abandoned her patients. Parklands performed an audit which revealed missing narcotics.

On or about March 18, 2014, Respondent was adjudicated guilty for Drugs-health or safety: possession of harmful new legend drug, in violation of Section 499.03(1), Florida Statutes, in Alachua County Case Number 01-2014-MM-000279-A.

On or about April 17, 2014, Respondent underwent a Department-compelled mental and physical evaluation. The evaluator opined that Respondent was unable to practice nursing with reasonable skill and safety to patients.

On or about September 15, 2014, after consideration by the Probable Cause Panel, the Department filed an Administrative Complaint in the present case against Respondent for a violation of Section 464.018(1)(j), Florida Statutes, based upon Respondent's inability to practice as a registered nurse with reasonable skill and safety. Respondent did not respond to the Administrative Complaint and did not return an executed Election of Rights.

On or about October 20, 2014, Respondent executed a Voluntary Relinquishment of her license to practice as a registered nurse in Department Case Number 2014-01157. On or about February 10, 2015, the Board of Nursing issued a Final Order accepting Respondent's Voluntary Relinquishment of her license.

Based upon the fact that Respondent voluntarily relinquished her license to practice as a registered nurse, Petitioner can no longer prosecute Respondent for impairment and this case should be dismissed.

**THE LAW:** Based on the foregoing, and pursuant to Section 456.073(4), Florida Statutes, the Probable Cause Panel dismisses this case.

It is, therefore, ORDERED that this case should be and the same is hereby DISMISSED.

DONE and ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Chairperson, Probable Cause Panel  
Florida Board of Nursing

PCP Date:  
PCP Members:



STATE OF FLORIDA

DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

Office: Alachua		Date of Case: January 21, 2014		Case Number: RN 2014-01189	
Subject: VANNA ESTELLE CRAWFORD, RN 3 Flagler Drive Palm Coast, FL 32137* (443) 365-3490 (C)			Source: KATHY MOYERS, RN Director of Nursing Parklands Rehabilitation & Nursing Center 1000 SW 16th Avenue Gainesville, FL 32601 (352) 376-2461 (W)		
Prefix: 1701	License #: 9359512	Profession: Registered Nurse	Board: Nursing	Report Date: 9/23/2014	
Period of Investigation: 9/10/2014 to 9/23/2014			Type of Report: SUPPLEMENTAL 1		
Alleged Violation: Section(s) 456.072(1)(z)(k)(dd), FS – Being unable to practice with reasonable skill and safety to patients by reason of illness or use of alcohol...; Failing to perform any statutory or legal obligation placed upon a licensee...; Violating any provision of this chapter...; 464.018(1)(h)(i)(j)(o), FS – Unprofessional conduct...; Engaging or attempting to engage in the possession...; Being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol...; Violating any provision of this chapter or chapter 456...; 64B9-8.005(3), FAC – Leaving a nursing assignment without advising licensed nursing personnel...					
Synopsis: This supplemental investigation is predicated upon receipt of a PSU Supplemental Request Transmittal Form (Exhibit #S1-1 Pgs. 2-3), submitted by A. Spencer for K. Giaella, Esq., outlining to hand serve Order of Emergency Restriction of License (ERO) on CRAWFORD (Exhibit #S1-2 Pgs. 4-18).					
On 9/10/2014, Investigation Manager William E. SCHAUER (GI-18) completed a search of the Accurint computer database which identified CRAWFORD's address as 1915 Dividing Creek Road, Pocomoke City, MD, 21851-3629.					
On 09/10/2014, Investigator DOKE sent (via certified mail) (Exhibit #S1-3 Pgs. 19-20) the ERO to CRAWFORD's current address according to the Accurint computer database: 1915 Dividing Creek Road, Pocomoke City, MD, 21851-3629. On 9/19/2014, Investigator DOKE completed a search of USPS.com USPS Tracking which indicated status of item delivered on 9/18/2014 at 4:18pm (Exhibit #S1-4 Pgs. 21-22). On 9/23/2014, Investigator DOKE received the USPS Domestic Return Receipt is Exhibit #S1-4 Pgs. 21-22.					
Results were positive.					
An Affidavit of Service regarding this activity is Exhibit #S1-5 Pg. 23.					
Related Case(s): N/A					
Investigator/Date: <i>T. Doke</i> Tamra L. Doke, Investigator, GI-24		9/23/2014 Received by Investigative Services SEP 25 2014		Approved By/Date: <i>Ridge Cook</i> for William E. Schauer, Investigation Manager 9/23/2014	
Distribution: HQ/ISU				Page 1	

RECEIVED-LEGAL  
14 SEP 26 AM 7:15

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**PSU SUPPLEMENTAL REQUEST FORM**

FROM: Alexandra Spencer for Karine Gialella, Esq.	TO: Jacksonville ISU
Date: 9/10/2014	TO: CSU
Phone #: 850/245/4444 x8159	CC:

<b>Case Number:</b> 2014-01189	Board: Nursing
Subject: Vanna Crawford, RN	HL Code: HLLI 14B Status: 68
Requested Completion Date: As Soon As Possible	

**(PSU) TYPE OF REQUEST:** (describe details below)

Process Service\* (Activity Code 160)

Additional Information Requested (Activity Code 145)

Deficiency in Investigative Work (Activity Code 150)

**Details:** Please attempt to serve the attached ERO to the Respondent at her former Palm Coast address. She may have moved back there, or be in contact with someone there, since she can no longer be found at either of the Gainesville addresses found for her.

Last Known Address: 3 Flagler Drive, Palm Coast, FL 32137 Telephone number: 443-365-3490

Last Known Place of Employment & Address if Known:

Has Contact Been Made With This Individual? YES  No ; If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent? YES  No  **NOTE:** All process service requests need to be sent to appropriate field office.

**\*\*IF YES, please send a copy of the original Investigative Report without attachments.**

**(ISU/CSU) RESPONSE:**

Process Service Completed (Activity Code 161)  Process Service NOT Completed (Activity Code 162)

Additional Info Sent to Legal (Activity Code 156)

Supp. Investigation Request Cancelled (Activity Code 157)

<b>Email to:</b>	<u>Tallahassee</u>	<u>Alachua</u>	<u>Jacksonville</u>	<u>St. Pete</u>	<u>Tampa</u>	<u>Orlando</u>	<u>Ft. Myers</u>	<u>West Palm</u>	<u>Ft. Lauderdale</u>	<u>Miami</u>
<u>Pensacola</u>	<u>Consumers Services</u>	<u>ULA</u>								

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

August 27, 2014

Vanna Estelle Crawford, R.N.  
413 S. Main Street  
Gainesville, FL 32601

RE: Department of Health vs. Vanna Estelle Crawford, R.N.  
Case Number: 2014-01189

Dear Ms. Crawford:

Enclosed please find an Order of Emergency **Restriction** of License filed August 27, 2014, against your license to practice as a registered nurse in the State of Florida. Your license is immediately restricted to prohibit you from practicing nursing until IPN notifies the Department that you are safe to resume practice according to the enclosed Order of Emergency **Restriction** of License.

If you have any questions, please do not hesitate to contact Karine Giaella, Assistant General Counsel at (850) 245-4444.

Sincerely,

  
Alyson Motes  
Regulatory Consultant Supervisor  
Prosecution Services Unit

AM  
Enclosure

**Florida Department of Health**  
Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row • Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4862

[www.FloridasHealth.com](http://www.FloridasHealth.com)  
TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh

**COPY**

EXHIBIT # SI-2

4

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

August 27, 2014

Vanna Estelle Crawford, R.N.  
4100 S.W. 20<sup>th</sup> Avenue, Apt. C-1  
Gainesville, FL 32607

RE: Department of Health vs. Vanna Estelle Crawford, R.N.  
Case Number: 2014-01189

Dear Ms. Crawford:

Enclosed please find an Order of Emergency **Restriction** of License filed August 27, 2014, against your license to practice as a registered nurse in the State of Florida. Your license is immediately restricted to prohibit you from practicing nursing until IPN notifies the Department that you are safe to resume practice according to the enclosed Order of Emergency **Restriction** of License.

If you have any questions, please do not hesitate to contact Karine Gialella, Assistant General Counsel at (850) 245-4444.

Sincerely,

A handwritten signature in black ink, appearing to read "Alyson Motes". The signature is fluid and cursive.

Alyson Motes  
Regulatory Consultant Supervisor  
Prosecution Services Unit

AM  
Enclosure

**Florida Department of Health**  
Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row - Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4662

**www.FloridasHealth.com**  
TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh

5

FILED DATE - 8-27-14  
Department of Health

By: Amy R. Conway  
Deputy Agency Clerk

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case Number: 2014-01189

**ORDER OF EMERGENCY RESTRICTION OF LICENSE**

John H. Armstrong, MD, FACS, State Surgeon General and Secretary of Health, ORDERS the emergency restriction of the license of Vanna Estelle Crawford, R.N., ("Ms. Crawford"), to practice as a registered nurse in the State of Florida. Ms. Crawford holds license number RN 9359512. Her address of record is 413 S Main Street, Gainesville, Florida 32601. The following Findings of Fact and Conclusions of Law support the emergency restriction of Ms. Crawford's license to practice as a registered nurse in the State of Florida.

**FINDINGS OF FACT**

1. The Department of Health ("Department") is the state agency charged with regulating the practice of nursing pursuant to Chapters 20, 456 and 464, Florida Statutes (2014). Section 456.073(8), Florida Statutes (2014), authorizes the State Surgeon General to summarily restrict Ms. Crawford's license to practice as a registered



nurse in the State of Florida, in accordance with Section 120.60(6),  
Florida Statutes (2014).

2. At all times material to this Order, Ms. Crawford was licensed  
as a registered nurse in the State of Florida, pursuant to Chapter 464,  
Florida Statutes, and employed at Parklands Rehabilitation & Nursing  
Center ("Parklands") in Gainesville, Florida.

3. On or about October 29, 2013, K.C., Ms. Crawford's mother,  
filed a Petition Seeking Ex Parte Order Requiring Involuntary  
Examination of Ms. Crawford ("First Petition")<sup>1</sup>.

4. On or about October 30, 2013, an Eighth Judicial Circuit  
Judge granted K.C.'s First Petition and issued an Ex Parte Order Requiring  
Involuntary Examination ("First Order") of Ms. Crawford.

5. On or about October 31, 2013, an Alachua County Sheriff's  
deputy served the First Order on Ms. Crawford and transported her to  
Meridian Behavioral Healthcare ("Meridian") in Lake City, Florida.

---

<sup>1</sup> K.C. alleged that Ms. Crawford was delusional, homicidal and suicidal.

6. On or about October 31, 2013, Ms. Crawford filed a Petition for Writ of Habeas Corpus or for Redress of Grievances ("Writ") asking to be released from involuntary commitment at Meridian.

7. On or about November 5, 2013, a Circuit Judge for the Third Judicial Circuit of Florida held a hearing on Ms. Crawford's Writ. R.B., M.D., and S.F., M.D., physicians practicing at Meridian, filed opinions<sup>2</sup> supporting Ms. Crawford's involuntary commitment.

8. The Third Judicial Circuit Judge ordered Ms. Crawford to remain in treatment for 30 days.

9. On or about November 22, 2013, Meridian released Ms. Crawford from involuntary commitment.

10. On or about November 27, 2013, K.C. filed a second Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination ("Second Petition")<sup>3</sup>.

---

<sup>2</sup> Dr. R.B. stated that Ms. Crawford expressed a desire to drive to her ex-boyfriend's home in Maryland to stab him with a knife; was attempting to purchase a firearm; and is a risk to herself and others.

<sup>3</sup> K.C. alleged that Meridian released Ms. Crawford too early because she was still planning to kill herself and may be a danger to others.

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case No.: 2014-01189

11. On or about November 27, 2013, a Third Judicial Circuit Judge issued a second Ex Parte Order Requiring Involuntary Examination ("Second Order").

12. On or about November 27, 2013, an Alachua County Sheriff's deputy served the Second Order on Ms. Crawford and transported her to Meridian.

13. On or about December 4, 2013, an Eighth Judicial Circuit Judge held a hearing on the Second Order. F.C., M.D., and F.A., M.D., physicians practicing at Meridian, filed opinions supporting Ms. Crawford's involuntary commitment at Meridian.

14. On or about December 5, 2013, the Eighth Judicial Circuit Judge issued an Order for Involuntary Inpatient Placement recommending that Ms. Crawford remain in treatment for a period not to exceed 60 days.

15. On or about January 19, 2014, Meridian released Ms. Crawford from the Involuntary Inpatient Placement.

16. On or about January 19, 2014, Ms. Crawford began working the 3:00 pm to 11:00 pm shift at Parklands as a registered nurse.

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case No.: 2014-01189

17. At around 5:00 pm., J.C., the nursing supervisor at Parklands, found a pair of keys, belonging to the narcotics cabinet, on a desk. J.C. determined that the keys belonged to Ms. Crawford.

18. J.C. could not locate Ms. Crawford. J.C. attempted unsuccessfully to reach Ms. Crawford by telephone.

19. J.C. phoned K.M., the Director of Nursing at Parklands, to inform her that Ms. Crawford had left the facility and abandoned her patients.

20. K.M. went to Parklands and performed an audit, which revealed missing narcotics.

21. Parklands contacted Alachua County Sheriff's Office ("ACSO") to report Ms. Crawford's suspected diversion of narcotics.

22. On or about January 20, 2014, ACSO deputies went to Ms. Crawford's home and met with Ms. Crawford.

23. Ms. Crawford admitted to an ACSO deputy that she possessed Tramadol without a prescription. Ms. Crawford revealed where the pills were located and the ACSO deputy found 77 tablets of Tramadol 50 mg.

24. Tramadol, commonly known by the brand name Ultram, is an opioid class medication prescribed to treat pain. Tramadol is a legend drug, but not a controlled substance. Tramadol, like all opioid class drugs, can affect mental alertness, is subject to abuse, and can be habit forming.

25. Ms. Crawford told the deputy that she had acquired the pills from her cousin who has a prescription for Tramadol. The deputy arrested Ms. Crawford for possession of a legend drug without a prescription.

26. On or about January 29, 2014, Ms. Crawford wrote a letter to the Board of Nursing. In the letter, Ms. Crawford admitted to abandoning her job at Parklands, citing a combination of mental illness and lack of sleep between shifts. Ms. Crawford denied diverting narcotics from Parklands.

27. On or about March 18, 2014, Ms. Crawford was adjudicated guilty for Drugs-health or safety: possession harmful new legend drug, in violation of Section 499.03(1), Florida Statutes, in Alachua County Case Number 01-2014-MM-000279-A.

28. On or about April 17, 2014, Ms. Crawford underwent a Department compelled mental and physical evaluation with S.T., M.D.

29. Dr. S.T. diagnosed Ms. Crawford with history of depression with psychotic features; anxiety disorder, not otherwise specified ("NOS"); opiate dependence; alcohol abuse versus dependence; cocaine abuse versus dependence; and marijuana abuse versus dependence.

30. Dr. S.T. stated that Ms. Crawford suffers from a combination of severe psychiatric problems along with a substance use disorder.

31. Dr. S.T. opined that Ms. Crawford cannot practice nursing with reasonable skill and safety. Dr. S.T. recommended that Ms. Crawford enter into treatment for her co-occurring psychiatric and drug use disorders at a facility that can handle her significant co-occurring disorders.

32. Dr. S.T. stated that any return to the practice of nursing should be contingent upon successful completion of treatment, close monitoring by the Intervention Project for Nurses ("IPN"), and a mental and physical re-evaluation.

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case No.: 2014-01189

33. IPN is the impaired practitioner program for the Board of Nursing, pursuant to Section 456.076, Florida Statutes (2013-2014). IPN monitors the evaluation, care and treatment of impaired nurses. IPN oversees random drug screens and provides for the exchange of information between treatment providers, evaluators and the Department for the protection of the public.

34. Subsequent to her Department compelled mental and physical evaluation with Dr. S.T., Ms. Crawford contacted IPN to engage in treatment.

35. On or about August 19, 2014, IPN confirmed that Ms. Crawford failed to engage in the IPN-recommended treatment and her intake file has been closed.

36. In the course of their practice, registered nurses have access to medications, including controlled substances, which have a high likelihood for abuse and harm. Registered nurses must dispense and administer such drugs in a manner that is safe and effective for the patient. Because Ms. Crawford is impaired by her depression with psychotic features, anxiety disorder, and the use of opiates, alcohol,

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case No.: 2014-01189

cocaine and marijuana, she may not be capable of administering medications to, or caring for, patients in a manner that is correct and safe. As such, Ms. Crawford's continued unrestricted practice as a registered nurse presents a risk of immediate serious danger to the health, welfare and safety of the public.

37. An independent medical expert determined that Ms. Crawford is unsafe to practice nursing with reasonable skill and safety. Based on that expert's opinion there is no less-restrictive measure than the one outlined in this Order that will adequately protect the public. Ms. Crawford's diagnoses of history of depression with psychotic features; anxiety disorder, NOS; opiate dependence; alcohol abuse versus dependence; cocaine abuse versus dependence; and marijuana abuse versus dependence, limits her ability to practice as a registered nurse with reasonable skill and safety to patients. As such, it is impossible to craft a less-restrictive Order that would adequately protect the public from the danger posed by Ms. Crawford's unrestricted practice of nursing.



CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the State Surgeon General concludes as follows:

1. The State Surgeon General has jurisdiction over this matter pursuant to Sections 20.43 and 456.073(8), Florida Statutes (2014), and Chapter 464, Florida Statutes (2014), as set forth above.

2. Section 464.018(1)(j), Florida Statutes (2014), authorizes the Board of Nursing to impose discipline against a licensee for being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics or chemicals or any other type of material or as a result of any mental or physical condition.

3. Ms. Crawford violated Section 464.018(1)(j), Florida Statutes (2014), by being unable to practice nursing with reasonable skill and safety to patients due to her diagnoses of history of depression with psychotic features; anxiety disorder, NOS; opiate dependence; alcohol abuse versus dependence; cocaine abuse versus dependence; and/or marijuana abuse versus dependence

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case No.: 2014-01189

4. Section 120.60(6), Florida Statutes (2014), authorizes the State Surgeon General to summarily restrict a registered nurse's license upon a finding that the registered nurse presents an immediate, serious danger to the public health, safety or welfare.

5. Ms. Crawford's continued unrestricted practice as a registered nurse constitutes an immediate, serious danger to the health, safety, or welfare of the citizens of the State of Florida, and this summary procedure is fair under the circumstances to adequately protect the public.

**WHEREFORE**, in accordance with Section 120.60(6), Florida Statutes (2014), it is **ORDERED THAT**:

1. The license of Ms. Crawford to practice nursing, license number RN 9359512, is immediately restricted to prohibit Ms. Crawford from practicing nursing until IPN notifies the Department that Ms. Crawford is safe to resume practice.

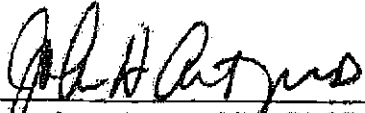
2. A proceeding seeking formal discipline of the license of Vanna Estelle Crawford, R.N., to practice as a registered nurse in the

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case No.: 2014-01189

State of Florida will be promptly instituted and acted upon in compliance  
with Sections 120.569 and 120.60(6), Florida Statutes (2014).

**DONE and ORDERED** this 27<sup>th</sup> day of August

2014.

  
\_\_\_\_\_  
John M. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

PREPARED BY:  
Karine Giaella  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar Number 91101  
(P) 850/245-4444, ext. 8199  
(F) 850/245-4662  
(E) Karine.Giaella@flhealth.gov

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case No.: 2014-01189

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

Pursuant to Sections 120.60(6), and 120.68, Florida Statutes, the Department's findings of immediate danger, necessity, and procedural fairness shall be judicially reviewable. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing a Petition for Review, in accordance with Florida Rule of Appellate Procedure 9.100, and accompanied by a filing fee prescribed by law with the District Court of Appeal, and providing a copy of that Petition to the Department of Health within thirty (30) days of the date this Order is filed.

FIRST-CLASS MAIL  
\$07.61  
ZIP 32615  
0471.1021971  
09/10/2014  
US POSTAGE



7012 1010 0001 9157 3343

**CONFIDENTIAL TO:**  
Vanna E. Crawford  
1915 Dividing Creek Road  
Pocomoke City, MD 21851-3629

Department of Health-MQA  
Investigative Services Unit  
14101 NW Highway 441, Suite 700  
Alachua, Florida 32615-5669

7012 1010 0001 9157 3343

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.61	Postmark Here
Certified Fee	3.30	
Return Receipt Fee (Endorsement Required)	2.70	
Restricted Delivery Fee (Endorsement Required)	0	
Total Postage & Fees	\$ 7.61	

Sent To: **CONFIDENTIAL TO:**  
Street, Apt. No., or PO Box No.: Vanna E. Crawford  
City, State, ZIP+4: 1915 Dividing Creek Road  
Pocomoke City, MD 21851-3629

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CONFIDENTIAL TO:**

**Vanna E. Crawford  
1915 Dividing Creek Road  
Pocomoke City, MD 21851-3629**

2. Article Number  
(Transfer from service label)

7012 3010 0001 9157 3343

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (Printed Name) C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery
4. Restricted Delivery? (Extra Fee)  Yes

English Customer Service USPS Mobile

Register / Sign In



Search USPS.com or Track Packages **Subr**

Quick Tools

Ship a Package

Send Mail

Manage Your Mail

Shop

Business Solutions

# USPS Tracking™



Customer Service  
Have questions? We're here to help.

Tracking Number: **70121010000101573343**

## Product & Tracking Information

Postal Product:

Features:  
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
September 18, 2014, 4:18 pm	Delivered	POCOMOKE CITY, MD 21851
Your item was delivered at 4:18 pm on September 18, 2014 in POCOMOKE CITY, MD 21851.		
September 16, 2014, 12:35 pm	Notice Left (No Authorized Recipient Available)	POCOMOKE CITY, MD 21851
September 16, 2014, 8:49 am	Arrived at Unit	POCOMOKE CITY, MD 21851
September 16, 2014, 6:16 am	Departed USPS Facility	EASTON, MD 21801
September 16, 2014, 4:10 am	Arrived at USPS Facility	EASTON, MD 21801
September 15, 2014, 3:42 pm	Arrived at USPS Facility	BALTIMORE, MD 21233
September 12, 2014, 12:30 am	Departed USPS Facility	JACKSONVILLE, FL 32203
September 11, 2014, 11:55 pm	Arrived at USPS Facility	JACKSONVILLE, FL 32203

## Available Actions

Text Updates

Email Updates

Return Receipt After Mailing

## Track Another Package

Tracking (or receipt) number



### LEGAL

Privacy Policy  
Terms of Use  
FOIA  
No PEAR Act EEO Data

### ON USPS.COM

Government Services  
Buy Stamps & Shop  
Print a Label with Postage  
Customer Service  
Delivering Solutions to the Last Mile  
Site Index

### ON ABOUT.USPS.COM

About USPS Home  
Newsroom  
USPS Service Alerts  
Forms & Publications  
Careers

### OTHER USPS SITES

Business Customer Gateway  
Postal Inspectors  
Inspector General  
Postal Explorer  
National Postal Museum



Copyright © 2014 USPS. All Rights Reserved.

EXHIBIT # 51-4

21

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CONFIDENTIAL TO:**  
Vanna E. Crawford  
1915 Dividing Creek Road  
Pocomoke City, MD 21851-3629

2. Article Number  
(Transfer from service label)

7012 1010 0001 9157 3343

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Handwritten Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Handwritten Name]* C. Date of Delivery *9/10/14*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below.

RECEIVED  
SEP 23 2014

ALACHUA MOA

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT OF SERVICE OR DILIGENT SEARCH**

Florida Department of Health  
Petitioner

vs

Case No. RN 201401189

Vanna Crawford, R.N.  
Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.

2) That on 09/10/2014, Affiant made a diligent effort to locate Respondent, to serve \_\_\_\_\_ Administrative Complaint and related papers; \_\_\_\_\_ Order compelling examination(s); \_\_\_\_\_ Subpoena(s); \_\_\_\_\_ Final order; \_\_\_\_\_ Notice to cease and desist; XXX ESO/ERO and related papers.

3) Check applicable answer below:

XXX Affiant made personal service on Respondent, or on some person at Respondent's usual place of abode over the age of 15 residing there, on 09/18/2014 at 1915 Dividing Creek Road, Pocomoke City, MD, 21851-3629.

\_\_\_\_\_ Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent shown in the DOH investigation of the case; (b) all official addresses for Respondent shown in his licensing records on the computer terminal or Board office; (c) Local telephone company for the last area Respondent was known to frequent; (d) Division of Drivers Licenses; and (e) Utilities (electric, cable, etc.); any others: \_\_\_\_\_

T. Doke

Affiant

State of Florida  
County of Alachua

Before me, personally appeared Tamra L. Doke whose identity is known to me by personal knowledge and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 23<sup>rd</sup> day of September 2014.

Page L. Beckner-Cook

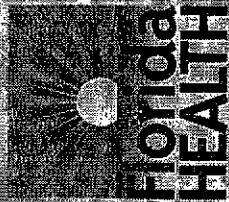
Notary Public-State of Florida

My Commission Expires \_\_\_\_\_



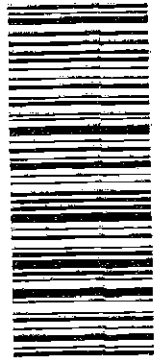
Page L. Beckner-Cook

Type or Print Name



Florida Department of Health  
 Office of the General Counsel  
 Prosecution Services Unit  
 4052 Bald Cypress Way, Bin C-65  
 Tallahassee, Florida 32399-1701

**CERTIFIED MAIL™**



7196 9008 9111 2485 3710

**UNCLAIMED**

*Handwritten:* AVE  
 10/27/14  
 9101

Yanna Estelle Crawford, RN  
 413 S. Main Street  
 Gainesville, FL 32601

NIXIE 326013200-1N 10/27/14

RETURN TO SENDER  
 UNCLAIMED  
 UNABLE TO FORWARD  
 RETURN TO SENDER



20141027 11 51 14 35

C

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED  
USPS® MAIL CARRIER  
DETACH ALONG PERFORATION

2. Article Number



7156 9008 9111 2405 3710

3. Service Type **CERTIFIED MAIL™**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

Vanna Estelle Crawford, RN  
413 S. Main Street  
Gainesville, FL 32601

K. Gialella 9/15/2014 AC Pack

PS Form 3811, January 2005

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

Agent

Addressee

D. Is delivery address different from item 1?

Yes

No

If YES, enter delivery address below:

Thank you for using Return Receipt Service

7196 9008 9111 2485 3703

TO:

Vanna Estelle Crawford, RN  
3 Flagler Drive  
Palm Coast, FL 32137

AC Pack  
SENDER: Crawford 2014-01189

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

7196 9008 9111 2485 3710

TO:

Vanna Estelle Crawford, RN  
413 S. Main Street  
Gainesville, FL 32601

AC Pack  
SENDER: Crawford 2014-01189

REFERENCE:

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

**USPS®**  
**Receipt for Certified Mail™**

POSTMARK OR DATE

9/15/2014

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) Brodrick Crawford  
 B. Date of Delivery 9-07-14  
 C. Signature Brodrick Crawford  
 Agent Addressee  
 Yes  
 No  
 D. Is delivery address different from item 1? If YES, enter delivery address below.

PRACTITIONER REGULATION  
LEGAL

2014 OCT - 1 9:24  
2014-01-189  
Crawford

Vanna Estelle Crawford, RN  
3 Flagler Drive  
Palm Coast, FL 32137

K. Gialella 9/15/2014 AC Pack

Domestic Return Receipt

PS Form 3811, January 2005

2. Article Number



7196 9008 9111 2485 3703

3. Service Type **CERTIFIED MAIL™**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

**USPS®**  
**Receipt for Certified Mail™**

POSTMARK OR DATE

9/15/2014

No Insurance Coverage Provided  
Do Not Use for International Mail

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**Certified Article Number**

7196 9008 9111 2485 3710

**SENDERS RECORD**

September 15, 2014

Vanna Estelle Crawford, RN  
413 S. Main Street  
Gainesville, FL 32601

RE: Department of Health vs. Vanna Estelle Crawford, RN; Case No. 2014-01189

Dear Ms. Crawford,

Enclosed is a copy of an Administrative Complaint that has been filed against your license by the Department of Health. An Election of Rights and Explanation of Rights forms are also provided.

You **must** sign the Election of Rights form, with your signature notarized, and return the form to my office within twenty-one (21) days of the date you received it. Failure to return this form within twenty-one days may result in the entry of a default judgment against you without hearing your side of the case.

Sincerely,

Karine Gialella  
Assistant General Counsel

KG/as

Enclosures: as listed

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

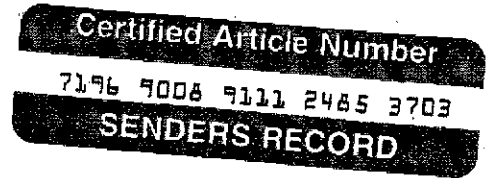


**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

September 15, 2014



Vanna Estelle Crawford, RN  
3 Flagler Drive  
Palm Coast, FL 32137


RE: Department of Health vs. Vanna Estelle Crawford, RN; Case No. 2014-01189

Dear Ms. Crawford,

Enclosed is a copy of an Administrative Complaint that has been filed against your license by the Department of Health. An Election of Rights and Explanation of Rights forms are also provided.

You **must** sign the Election of Rights form, with your signature notarized, and return the form to my office within twenty-one (21) days of the date you received it. Failure to return this form within twenty-one days may result in the entry of a default judgment against you without hearing your side of the case.

Sincerely,

  
Karine Giaella  
Assistant General Counsel

KG/as  
Enclosures: as listed

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2014-01189

VANNA ESTELLE CRAWFORD, R.N.,

RESPONDENT.

---

**ADMINISTRATIVE COMPLAINT**

Petitioner, Department of Health, by and through undersigned counsel, files this Administrative Complaint before the Board of Nursing against Respondent, Vanna Estelle Crawford, R.N., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Chapters 20.43, Florida Statutes (2013-2014); Chapter 456, Florida Statutes (2013-2014); and Chapter 464, Florida Statutes (2013-2014).

2. At all times material to this Complaint, Respondent was licensed to practice as a registered nurse within the State of Florida, having been issued license number RN 9359512.

3. Respondent's address of record is 413 S Main Street, Gainesville, Florida 32601.

4. At all times material to this Order, Respondent was employed at Parklands Rehabilitation & Nursing Center ("Parklands") in Gainesville, Florida.

5. Between about October 2013, through about November 2013, Respondent was placed under involuntary inpatient placement at Meridian Behavioral Healthcare ("Meridian") for approximately thirty days.

6. Between about November 2013, through about January 2014, Respondent was placed under involuntary inpatient placement at Meridian for approximately 45 days.

7. On or about January 19, 2014, Meridian released Respondent from the Involuntary Inpatient Placement.



8. On or about January 19, 2014, Respondent began working the 3:00 pm to 11:00 pm shift at Parklands as a registered nurse.

9. At around 5:00 pm., J.C., the nursing supervisor at Parklands, could not locate Respondent.

10. J.C. phoned K.M., the Director of Nursing at Parklands, to inform her that Respondent had left the facility and abandoned her patients.

11. K.M. went to Parklands and performed an audit, which revealed missing narcotics.

12. Parklands contacted Alachua County Sheriff's Office ("ACSO") to report Respondent's suspected diversion of narcotics.

13. On or about January 20, 2014, ACSO deputies went to Respondent's home and met with Respondent.

14. Respondent admitted to an ACSO deputy that she possessed Tramadol without a prescription.

15. Respondent revealed where the pills were located and the ACSO deputy found 77 tablets of Tramadol 50 mg.

16. Tramadol, commonly known by the brand name Ultram, is an opioid class medication prescribed to treat pain. Tramadol is a legend drug, but not a controlled substance. Tramadol, like all opioid class drugs, can affect mental alertness, is subject to abuse, and can be habit forming.

17. Respondent told the deputy that she had acquired the pills from her cousin who has a prescription for Tramadol.

18. On or about March 18, 2014, Respondent was adjudicated guilty for Drugs-health or safety: possession harmful new legend drug, in violation of Section 499.03(1), Florida Statutes, in Alachua County Case Number 01-2014-MM-000279-A.

19. On or about April 17, 2014, Respondent underwent a Department compelled mental and physical evaluation with S.T., M.D.

20. Dr. S.T. diagnosed Respondent with history of depression with psychotic features; anxiety disorder, not otherwise specified ("NOS"); opiate dependence; alcohol abuse versus dependence; cocaine abuse versus dependence; and marijuana abuse versus dependence.

21. Dr. S.T. opined that Respondent cannot practice nursing with reasonable skill and safety.

22. Section 464.018(1)(j), Florida Statutes (2013-2013), subjects a registered nurse to discipline for "[b]eing unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics or chemicals or any other type of material or as a result of any mental or physical condition."

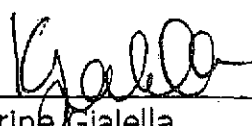
14. Respondent violated Section 464.018(1)(j), Florida Statutes (2013-2014), by being unable to practice nursing with reasonable skill and safety to patients due to one or more of the following: (a) history of depression with psychotic features; (b) anxiety disorder, NOS; (c) opiate dependence; (d) alcohol abuse versus dependence; (e) cocaine abuse versus dependence; and/or (f) marijuana abuse versus dependence.

15. Based on the foregoing, Respondent violated Section 464.018(1)(j), Florida Statutes (2013-2014), by being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics or chemicals or any other type of material or as a result of any mental or physical condition.

WHEREFORE, Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 15<sup>th</sup> day of September, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

  
Karine Giaella  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar Number 0091101  
Phone (850) 245-4444 x 8199  
Fax (850) 245-4662  
Karine.Giaella@flhealth.gov

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK Angel Sanders  
DATE SEP 15 2014

PCP: September 15, 2014  
PCP Members: Kathy Whitson, MSN, RN; Sandra Walker Nichols

### NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

### NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition any other discipline imposed.

ELECTION OF RIGHTS

DOH v. VANNA ESTELLE CRAWFORD, RN

Case No. 2014-01189

Please sign and complete all of the information below:

I received notice of the Administrative Complaint on the following date: \_\_\_\_\_

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

OPTION 1. \_\_\_\_\_ I do not dispute the allegations of material fact in the Administrative Complaint. I do wish to be afforded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. \_\_\_\_\_ I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

\_\_\_\_\_  
\_\_\_\_\_

Respondent's Signature \_\_\_\_\_  
Address: \_\_\_\_\_

Attorney/Qualified Representative\* \_\_\_\_\_  
Address: \_\_\_\_\_

Lic. No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

\*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared \_\_\_\_\_, whose identity is known to me or \_\_\_\_\_ (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Notary Public-State of Florida \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Karine Gialella, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444 ext. 8199; FAX (850) 245-4662; TDD 1-800-955-877

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

EXPLANATION OF RIGHTS

In the event that you fail to make an election in this matter within twenty-one (21) days from receipt of the Administrative Complaint, your failure to do so may be considered a waiver of your right to elect a hearing in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code ("F.A.C."), and the Board may proceed to hear your case.

In response to the allegations set forth in the Administrative Complaint issued by the Department of Health, hereinafter referred to as the Department, you should make **ONE** of the following elections within **twenty-one (21) days** from the date of receipt of the Administrative Complaint. Please make your election on the attached Election of Rights form and return it completed and signed before a notary to the address listed on the form.

**OPTION 1: If you do not dispute any material fact alleged in the Administrative Complaint, you should select Option 1.**

Once the Department receives your Election of Rights that does not dispute any material facts in the Administrative Complaint, you will receive a letter acknowledging your election and informing you of the options available to resolve your case. You will be permitted to request a hearing, pursuant to Section 120.57(2), Florida Statutes, (also known as an "informal hearing"), at which time you will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

**OPTION 2: If you dispute any material fact alleged in the Administrative Complaint, you may request a formal hearing and the appointment of an Administrative Law Judge to be furnished by the Division of Administrative Hearings, pursuant to Section 120.569(2)(a), Florida Statutes, by selecting Option 2 on the Election of Rights form.**

You must indicate which facts you dispute in the Administrative Complaint pursuant to Rule 28-106.2015(5), F.A.C.

If you elect a formal hearing, you must keep the Department informed as to your current mailing address. Failure to do so may be considered a waiver of your right to a formal hearing.

**Regardless of which option you choose, you may be able to reach a settlement agreement with the Department in your case. Please contact the prosecuting attorney if you wish to do so.**



STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

Office: Alachua	Date of Complaint: 01/21/2014	Case Number: RN201401189
Subject: <b>Vanna Estelle Crawford</b> 413 S. Main Street Gainesville, Florida 32601 (352)262-0418		Source: <b>FLORIDA DEPARTMENT OF HEALTH</b>
Profession: Registered Nurse/1701	License Number: 9359512	
Related Case(s): N/A	Period of Investigation and Type of Report: 08/27/2014 – 09/01/2014 <b>Supplemental 2</b>	
Alleged Violation: <b>F.S.S.456.072(1)(z)(k)(dd), F.S.S. 464.018(1)(h)(i)(j)(o), F.A.C. 64B9-8.005(3)</b>		

Synopsis: This Supplemental report is predicated upon the receipt of a request from the Prosecution Services Unit (PSU) to hand serve an Emergency Restriction Order.

On 08/27/2014, PSU requested Vanna Estelle CRAWFORD, RN be hand served with an Emergency Restriction Order.

On 08/28/2014, Thompson attempted to hand serve at the address of 4100 S.W. 20<sup>th</sup> Ave, Apt C-1, Gainesville, FL 32607. There was no response at the residence. A check with the Apartment Manager office staff, revealed was no longer a resident at this Apartment Complex. Thompson attempted to serve at the address of 413 S. Main Street, Gainesville, FL 3260, also known as "The Saint Francis House," A home for the homeless. Thompson confirmed with staff at The Saint Francis House that was no longer a resident there.

08/29/2014, a check with Accuritt did not reveal any other address information. Thompson called the telephone number listed and was advised it was a wrong number. No other address information could be located for CRAWFORD.

On 09/02/2014, I completed an Affidavit of Service. No further investigative action taken.

Investigator/Date:  Tanya Thompson, GI-34 09/02/2014	Approved By/Date:  William Schauer, ISU/MQA Manager
--	---

Distribution: HQ/ISU  
Investigative Services Page 1

SEP 05 2014

INV FORM 301, Created 04/14

DOH/MQA  
Tallahassee HQ



TABLE OF CONTENTS

I. INVESTIGATIVE REPORT COVER ..... 1

II. TABLE OF CONTENTS ..... 2

III. EXHIBITS

\* S2-1.Copy of PSU Request Form ..... 3

\* S2-2.Copy of Emergency Restriction Order ..... 4-16

\* S2-3. Affidavit of Service..... 17

\* **EXHIBITS CONTAIN INFORMATION WHICH IDENTIFIES PATIENT(S)  
BY NAME AND ARE SEALED PURSUANT TO SECTION 456.057(10)(a),  
FLORIDA STATUTES.**

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**PSU REQUEST FORM**

FROM: Alyson Motes for Karine Gialella, Esq.	TO: ISU William E. Schauer, Alachua Investigation Manager
Date: 8/27/14	TO: CSU
Phone #: 850-245-4444 x 8199	CC: Tanya Thompson

<b>Case Number:</b> 2014-01189	<b>Board:</b> Nursing	<b>Status:</b> 90
<b>Subject:</b> Vanna Estelle Crawford, R.N.	<b>HL Code:</b> HLL114B	
<b>Requested Completion Date:</b>		

**(PSU) TYPE OF REQUEST:** (describe details below)

Process Service\* (Activity Code 160)

Additional Information Requested (Activity Code 145)

Deficiency in Investigative Work (Activity Code 150)

**Details:** Please hand serve the attached ERO. Thank you for your assistance.

\*The following additional information is needed for each service request:

Last Known Address 4100 S.W. 20<sup>th</sup> Avenue, Apt. C-1, Gainesville, Florida 32807 or 413 S. Main Street, Gainesville, Florida 32601. Last Known Name & Phone Number: Vanna Estelle Crawford, R.N., 352-262-0418.  
 Last Known Place of Employment & Address if Known:  
 Has Contact Been Made With This Individual? YES  No ; If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent?  
 YES  No  NOTE: All process service requests need to be sent to appropriate field office.  
 \*\*IF YES, please send a copy of the original Investigative Report without attachments.

**(ISU/CSU) RESPONSE:**

Process Service Completed (Activity Code 161)  Process Service NOT Completed (Activity Code 162)

Additional Info Sent to Legal (Activity Code 156)

Supp. Investigation Request Cancelled (Activity Code 157)

**Email to:**

Pensacola	Tallahassee	Alachua	Jacksonville	St. Pete	Tampa	Orlando	Ft. Myers	West Palm	Ft. Lauderdale	Miami
	Consume									
	Services	ULA								

FILED DATE - 8-27-14  
Department of Health

By: Amy R. Conway  
Deputy Agency Clerk

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case Number: 2014-01189

**ORDER OF EMERGENCY RESTRICTION OF LICENSE**

John H. Armstrong, MD, FACS, State Surgeon General and Secretary of Health, ORDERS the emergency restriction of the license of Vanna Estelle Crawford, R.N., ("Ms. Crawford"), to practice as a registered nurse in the State of Florida. Ms. Crawford holds license number RN 9359512. Her address of record is 413 S Main Street, Gainesville, Florida 32601. The following Findings of Fact and Conclusions of Law support the emergency restriction of Ms. Crawford's license to practice as a registered nurse in the State of Florida.

**FINDINGS OF FACT**

1. The Department of Health ("Department") is the state agency charged with regulating the practice of nursing pursuant to Chapters 20, 456 and 464, Florida Statutes (2014). Section 456.073(8), Florida Statutes (2014), authorizes the State Surgeon General to summarily restrict Ms. Crawford's license to practice as a registered

nurse in the State of Florida, in accordance with Section 120.60(6), Florida Statutes (2014).

2. At all times material to this Order, Ms. Crawford was licensed as a registered nurse in the State of Florida, pursuant to Chapter 464, Florida Statutes, and employed at Parklands Rehabilitation & Nursing Center ("Parklands") in Gainesville, Florida.

3. On or about October 29, 2013, K.C., Ms. Crawford's mother, filed a Petition Seeking Ex Parte Order Requiring Involuntary Examination of Ms. Crawford ("First Petition")<sup>1</sup>.

4. On or about October 30, 2013, an Eighth Judicial Circuit Judge granted K.C.'s First Petition and issued an Ex Parte Order Requiring Involuntary Examination ("First Order") of Ms. Crawford.

5. On or about October 31, 2013, an Alachua County Sheriff's deputy served the First Order on Ms. Crawford and transported her to Meridian Behavioral Healthcare ("Meridian") in Lake City, Florida.

---

<sup>1</sup> K.C. alleged that Ms. Crawford was delusional, homicidal and suicidal.

6. On or about October 31, 2013, Ms. Crawford filed a Petition for Writ of Habeas Corpus or for Redress of Grievances ("Writ") asking to be released from involuntary commitment at Meridian.

7. On or about November 5, 2013, a Circuit Judge for the Third Judicial Circuit of Florida held a hearing on Ms. Crawford's Writ. R.B., M.D., and S.F., M.D., physicians practicing at Meridian, filed opinions<sup>2</sup> supporting Ms. Crawford's involuntary commitment.

8. The Third Judicial Circuit Judge ordered Ms. Crawford to remain in treatment for 30 days.

9. On or about November 22, 2013, Meridian released Ms. Crawford from involuntary commitment.

10. On or about November 27, 2013, K.C. filed a second Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination ("Second Petition")<sup>3</sup>.

---

<sup>2</sup> Dr. R.B. stated that Ms. Crawford expressed a desire to drive to her ex-boyfriend's home in Maryland to stab him with a knife; was attempting to purchase a firearm; and is a risk to herself and others.

<sup>3</sup> K.C. alleged that Meridian released Ms. Crawford too early because she was still planning to kill herself and may be a danger to others.

11. On or about November 27, 2013, a Third Judicial Circuit Judge issued a second Ex Parte Order Requiring Involuntary Examination ("Second Order").

12. On or about November 27, 2013, an Alachua County Sheriff's deputy served the Second Order on Ms. Crawford and transported her to Meridian.

13. On or about December 4, 2013, an Eighth Judicial Circuit Judge held a hearing on the Second Order. F.C., M.D., and F.A., M.D., physicians practicing at Meridian, filed opinions supporting Ms. Crawford's involuntary commitment at Meridian.

14. On or about December 5, 2013, the Eighth Judicial Circuit Judge issued an Order for Involuntary Inpatient Placement recommending that Ms. Crawford remain in treatment for a period not to exceed 60 days.

15. On or about January 19, 2014, Meridian released Ms. Crawford from the Involuntary Inpatient Placement.

16. On or about January 19, 2014, Ms. Crawford began working the 3:00 pm to 11:00 pm shift at Parklands as a registered nurse.

17. At around 5:00 pm., J.C., the nursing supervisor at Parklands, found a pair of keys, belonging to the narcotics cabinet, on a desk. J.C. determined that the keys belonged to Ms. Crawford.

18. J.C. could not locate Ms. Crawford. J.C. attempted unsuccessfully to reach Ms. Crawford by telephone.

19. J.C. phoned K.M., the Director of Nursing at Parklands, to inform her that Ms. Crawford had left the facility and abandoned her patients.

20. K.M. went to Parklands and performed an audit, which revealed missing narcotics.

21. Parklands contacted Alachua County Sheriff's Office ("ACSO") to report Ms. Crawford's suspected diversion of narcotics.

22. On or about January 20, 2014, ACSO deputies went to Ms. Crawford's home and met with Ms. Crawford.

23. Ms. Crawford admitted to an ACSO deputy that she possessed Tramadol without a prescription. Ms. Crawford revealed where the pills were located and the ACSO deputy found 77 tablets of Tramadol 50 mg.

24. Tramadol, commonly known by the brand name Ultram, is an opioid class medication prescribed to treat pain. Tramadol is a legend drug, but not a controlled substance. Tramadol, like all opioid class drugs, can affect mental alertness, is subject to abuse, and can be habit forming.

25. Ms. Crawford told the deputy that she had acquired the pills from her cousin who has a prescription for Tramadol. The deputy arrested Ms. Crawford for possession of a legend drug without a prescription.

26. On or about January 29, 2014, Ms. Crawford wrote a letter to the Board of Nursing. In the letter, Ms. Crawford admitted to abandoning her job at Parklands, citing a combination of mental illness and lack of sleep between shifts. Ms. Crawford denied diverting narcotics from Parklands.

27. On or about March 18, 2014, Ms. Crawford was adjudicated guilty for Drugs-health or safety: possession harmful new legend drug, in violation of Section 499.03(1), Florida Statutes, in Alachua County Case Number 01-2014-MM-000279-A.



28. On or about April 17, 2014, Ms. Crawford underwent a Department compelled mental and physical evaluation with S.T., M.D.

29. Dr. S.T. diagnosed Ms. Crawford with history of depression with psychotic features; anxiety disorder, not otherwise specified ("NOS"); opiate dependence; alcohol abuse versus dependence; cocaine abuse versus dependence; and marijuana abuse versus dependence.

30. Dr. S.T. stated that Ms. Crawford suffers from a combination of severe psychiatric problems along with a substance use disorder.

31. Dr. S.T. opined that Ms. Crawford cannot practice nursing with reasonable skill and safety. Dr. S.T. recommended that Ms. Crawford enter into treatment for her co-occurring psychiatric and drug use disorders at a facility that can handle her significant co-occurring disorders.

32. Dr. S.T. stated that any return to the practice of nursing should be contingent upon successful completion of treatment, close monitoring by the Intervention Project for Nurses ("IPN"), and a mental and physical re-evaluation.

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case No.: 2014-01189

33. IPN is the Impaired practitioner program for the Board of Nursing, pursuant to Section 456.076, Florida Statutes (2013-2014). IPN monitors the evaluation, care and treatment of impaired nurses. IPN oversees random drug screens and provides for the exchange of information between treatment providers, evaluators and the Department for the protection of the public.

34. Subsequent to her Department compelled mental and physical evaluation with Dr. S.T., Ms. Crawford contacted IPN to engage in treatment.

35. On or about August 19, 2014, IPN confirmed that Ms. Crawford failed to engage in the IPN-recommended treatment and her intake file has been closed.

36. In the course of their practice, registered nurses have access to medications, including controlled substances, which have a high likelihood for abuse and harm. Registered nurses must dispense and administer such drugs in a manner that is safe and effective for the patient. Because Ms. Crawford is impaired by her depression with psychotic features, anxiety disorder, and the use of opiates, alcohol,

cocaine and marijuana, she may not be capable of administering medications to, or caring for, patients in a manner that is correct and safe. As such, Ms. Crawford's continued unrestricted practice as a registered nurse presents a risk of immediate serious danger to the health, welfare and safety of the public.

37. An independent medical expert determined that Ms. Crawford is unsafe to practice nursing with reasonable skill and safety. Based on that expert's opinion there is no less-restrictive measure than the one outlined in this Order that will adequately protect the public. Ms. Crawford's diagnoses of history of depression with psychotic features; anxiety disorder, NOS; opiate dependence; alcohol abuse versus dependence; cocaine abuse versus dependence; and marijuana abuse versus dependence, limits her ability to practice as a registered nurse with reasonable skill and safety to patients. As such, it is impossible to craft a less-restrictive Order that would adequately protect the public from the danger posed by Ms. Crawford's unrestricted practice of nursing.

### CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the State Surgeon General concludes as follows:

1. The State Surgeon General has jurisdiction over this matter pursuant to Sections 20.43 and 456.073(8), Florida Statutes (2014), and Chapter 464, Florida Statutes (2014), as set forth above.

2. Section 464.018(1)(j), Florida Statutes (2014), authorizes the Board of Nursing to impose discipline against a licensee for being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics or chemicals or any other type of material or as a result of any mental or physical condition.

3. Ms. Crawford violated Section 464.018(1)(j), Florida Statutes (2014), by being unable to practice nursing with reasonable skill and safety to patients due to her diagnoses of history of depression with psychotic features; anxiety disorder, NOS; opiate dependence; alcohol abuse versus dependence; cocaine abuse versus dependence; and/or marijuana abuse versus dependence

4. Section 120.60(6), Florida Statutes (2014), authorizes the State Surgeon General to summarily restrict a registered nurse's license upon a finding that the registered nurse presents an immediate, serious danger to the public health, safety or welfare.

5. Ms. Crawford's continued unrestricted practice as a registered nurse constitutes an immediate, serious danger to the health, safety, or welfare of the citizens of the State of Florida, and this summary procedure is fair under the circumstances to adequately protect the public.

**WHEREFORE**, in accordance with Section 120.60(6), Florida Statutes (2014), it is **ORDERED THAT**:

1. The license of Ms. Crawford to practice nursing, license number RN 9359512, is immediately restricted to prohibit Ms. Crawford from practicing nursing until IPN notifies the Department that Ms. Crawford is safe to resume practice.


2. A proceeding seeking formal discipline of the license of Vanna Estelle Crawford, R.N., to practice as a registered nurse in the

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case No.: 2014-01189

State of Florida will be promptly instituted and acted upon in compliance  
with Sections 120.569 and 120.60(6), Florida Statutes (2014).

**DONE and ORDERED** this 27<sup>th</sup> day of August,

2014.

  
\_\_\_\_\_  
John A. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

PREPARED BY:  
Karine Gialella  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar Number 91101  
(P) 850/245-4444, ext. 8199  
(F) 850/245-4662  
(E) Karine.Gialella@flhealth.gov

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case No.: 2014-01189

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

Pursuant to Sections 120.60(6), and 120.68, Florida Statutes, the Department's findings of immediate danger, necessity, and procedural fairness shall be judicially reviewable. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing a Petition for Review, in accordance with Florida Rule of Appellate Procedure 9.100, and accompanied by a filing fee prescribed by law with the District Court of Appeal, and providing a copy of that Petition to the Department of Health within thirty (30) days of the date this Order is filed.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT OF SERVICE OR DILIGENT SEARCH**

**Florida Department of Health**  
Petitioner

v.

Case No.: RN 2014-01189

**Vanna Estelle Crawford, R.N.**  
Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.

2) That on 08/28/2014, Affiant made a diligent effort to locate Respondent, to serve \_\_\_\_\_ Administrative Complaint and related papers; \_\_\_\_\_ Order compelling examination(s); \_\_\_\_\_ Subpoena(s); \_\_\_\_\_ Final order; \_\_\_\_\_ Notice to cease and desist; XXX ESO/ERO and related papers; \_\_\_\_\_ Citation and related papers.

3) Check applicable answer below:

\_\_\_\_\_ Affiant made personal service on Respondent or on some person at Respondent's usual place of abode over the age of 15 residing there.

XXX Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent shown in the DOH investigation of the case; (b) all official addresses for Respondent shown in his licensing records on the computer terminal or Board office; (c) Local telephone company for the last area Respondent was known to frequent; (d) Division of Drivers Licenses; and (e) Utilities (electric, cable, etc.); any others: \_\_\_\_\_

*[Handwritten Signature]*

Affiant

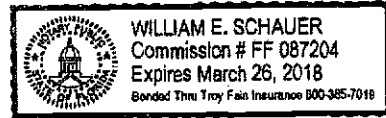
State of Florida  
County of Alachua

Before me, personally appeared Tanya Thompson whose identity is known to me by personal knowledge and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 3rd day of SEPT-2014

*[Handwritten Signature]*

Notary Public-State of Florida



WILLIAM E. SCHAUER

Type or Print Name

My Commission Expires



7196 9008 9111 1717 1449

**TO:**  
Vanna Estelle Crawford, R.N.  
4100 S.W. 20<sup>th</sup> Avenue, Apt. C-1  
Gainesville, Florida 32607

**SENDER:**

**REFERENCE:** Vanna E. Crawford, RN  
2014-01189

PS Form 3811, January 2005

RETURN TO SENDER  
Certified Article Number  
7196 9008 9111 1717 1449

**SENDER'S RECORD**

**USPS®**  
**Receipt for Certified Mail™**  
No Insurance Coverage Provided  
Do Not Use for International Mail

POSTMARK OR DATE  
8/27/14

7196 9008 9111 1717 1401

**TO:**  
Vanna Estelle Crawford, R.N.  
413 S. Main Street  
Gainesville, Florida 32601

**SENDER:**

**REFERENCE:** Vanna E. Crawford, RN  
2014-01189

PS Form 3811, January 2005

RETURN TO SENDER  
Certified Article Number  
7196 9008 9111 1717 1401

**SENDER'S RECORD**

**USPS®**  
**Receipt for Certified Mail™**  
No Insurance Coverage Provided  
Do Not Use for International Mail

POSTMARK OR DATE  
8/27/14

2. Article Number  
7196 9008 9111 1717 1449



1. Article Addressed to:  
Vanna Estelle Crawford, R.N.  
4100 S.W. 20<sup>th</sup> Avenue, Apt. C-1  
Gainesville, Florida 32607

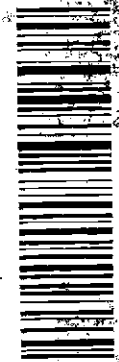
3. Service Type **CERTIFIED MAIL™**  
4. Restricted Delivery? (Extra Fee)  Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)  
*Vanna E. Crawford*  
B. Date of Delivery  
8-29-14  
C. Signature  
D. Is delivery address different from item 1? If YES, enter delivery address below:  
E. Agent Addressed  
 Yes  
 No

EAU / Galella  
2014-01189

2. Article Number  
7196 9008 9111 1717 1401



1. Article Addressed to:  
Vanna Estelle Crawford, R.N.  
413 S. Main Street  
Gainesville, Florida 32601

3. Service Type **CERTIFIED MAIL™**  
4. Restricted Delivery? (Extra Fee)  Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)  
*Vanna E. Crawford*  
B. Date of Delivery  
8-29-14  
C. Signature  
D. Is delivery address different from item 1? If YES, enter delivery address below:  
E. Agent Addressed  
 Yes  
 No

EAU / Galella  
2014-01189

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

August 27, 2014

Vanna Estelle Crawford, R.N.  
413 S. Main Street  
Gainesville, FL 32601

RE: Department of Health vs. Vanna Estelle Crawford, R.N.  
Case Number: 2014-01189

Dear Ms. Crawford:

Enclosed please find an Order of Emergency **Restriction** of License filed August 27, 2014, against your license to practice as a registered nurse in the State of Florida. Your license is immediately restricted to prohibit you from practicing nursing until IPN notifies the Department that you are safe to resume practice according to the enclosed Order of Emergency **Restriction** of License.

If you have any questions, please do not hesitate to contact Karine Gialella, Assistant General Counsel at (850) 245-4444.

Sincerely,

A handwritten signature in black ink, appearing to read "Alyson Motes".

Alyson Motes  
Regulatory Consultant Supervisor  
Prosecution Services Unit

AM  
Enclosure

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

August 27, 2014

Vanna Estelle Crawford, R.N.  
4100 S.W. 20<sup>th</sup> Avenue, Apt. C-1  
Gainesville, FL 32607

RE: Department of Health vs. Vanna Estelle Crawford, R.N.  
Case Number: 2014-01189

Dear Ms. Crawford:

Enclosed please find an Order of Emergency **Restriction** of License filed August 27, 2014, against your license to practice as a registered nurse in the State of Florida. Your license is immediately restricted to prohibit you from practicing nursing until IPN notifies the Department that you are safe to resume practice according to the enclosed Order of Emergency **Restriction** of License.

If you have any questions, please do not hesitate to contact Karine Gialella, Assistant General Counsel at (850) 245-4444.

Sincerely,

A handwritten signature in black ink, appearing to read "Alyson Motes".

Alyson Motes  
Regulatory Consultant Supervisor  
Prosecution Services Unit

AM  
Enclosure

**Florida Department of Health**

Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row - Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4662

[www.FloridasHealth.com](http://www.FloridasHealth.com)

TWITTER: HealthyFLA

FACEBOOK: FLDepartmentofHealth

YOUTUBE: fldoh

FILED DATE - 8-27-14  
Department of Health

By: Amy R. Caraway  
Deputy Agency Clerk

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case Number: 2014-01189

**ORDER OF EMERGENCY RESTRICTION OF LICENSE**

John H. Armstrong, MD, FACS, State Surgeon General and Secretary of Health, ORDERS the emergency restriction of the license of Vanna Estelle Crawford, R.N., ("Ms. Crawford"), to practice as a registered nurse in the State of Florida. Ms. Crawford holds license number RN 9359512. Her address of record is 413 S Main Street, Gainesville, Florida 32601. The following Findings of Fact and Conclusions of Law support the emergency restriction of Ms. Crawford's license to practice as a registered nurse in the State of Florida.

**FINDINGS OF FACT**

1. The Department of Health ("Department") is the state agency charged with regulating the practice of nursing pursuant to Chapters 20, 456 and 464, Florida Statutes (2014). Section 456.073(8), Florida Statutes (2014), authorizes the State Surgeon General to summarily restrict Ms. Crawford's license to practice as a registered

nurse in the State of Florida, in accordance with Section 120.60(6), Florida Statutes (2014).

2. At all times material to this Order, Ms. Crawford was licensed as a registered nurse in the State of Florida, pursuant to Chapter 464, Florida Statutes, and employed at Parklands Rehabilitation & Nursing Center ("Parklands") in Gainesville, Florida.

3. On or about October 29, 2013, K.C., Ms. Crawford's mother, filed a Petition Seeking Ex Parte Order Requiring Involuntary Examination of Ms. Crawford ("First Petition")<sup>1</sup>.

4. On or about October 30, 2013, an Eighth Judicial Circuit Judge granted K.C.'s First Petition and issued an Ex Parte Order Requiring Involuntary Examination ("First Order") of Ms. Crawford.

5. On or about October 31, 2013, an Alachua County Sheriff's deputy served the First Order on Ms. Crawford and transported her to Meridian Behavioral Healthcare ("Meridian") in Lake City, Florida.

---

<sup>1</sup> K.C. alleged that Ms. Crawford was delusional, homicidal and suicidal.

6. On or about October 31, 2013, Ms. Crawford filed a Petition for Writ of Habeas Corpus or for Redress of Grievances ("Writ") asking to be released from involuntary commitment at Meridian.

7. On or about November 5, 2013, a Circuit Judge for the Third Judicial Circuit of Florida held a hearing on Ms. Crawford's Writ. R.B., M.D., and S.F., M.D., physicians practicing at Meridian, filed opinions<sup>2</sup> supporting Ms. Crawford's involuntary commitment.

8. The Third Judicial Circuit Judge ordered Ms. Crawford to remain in treatment for 30 days.

9. On or about November 22, 2013, Meridian released Ms. Crawford from involuntary commitment.

10. On or about November 27, 2013, K.C. filed a second Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination ("Second Petition")<sup>3</sup>.

---

<sup>2</sup> Dr. R.B. stated that Ms. Crawford expressed a desire to drive to her ex-boyfriend's home in Maryland to stab him with a knife; was attempting to purchase a firearm; and is a risk to herself and others.

<sup>3</sup> K.C. alleged that Meridian released Ms. Crawford too early because she was still planning to kill herself and may be a danger to others.

11. On or about November 27, 2013, a Third Judicial Circuit Judge issued a second Ex Parte Order Requiring Involuntary Examination ("Second Order").

12. On or about November 27, 2013, an Alachua County Sheriff's deputy served the Second Order on Ms. Crawford and transported her to Meridian.

13. On or about December 4, 2013, an Eighth Judicial Circuit Judge held a hearing on the Second Order. F.C., M.D., and F.A., M.D., physicians practicing at Meridian, filed opinions supporting Ms. Crawford's involuntary commitment at Meridian.

14. On or about December 5, 2013, the Eighth Judicial Circuit Judge issued an Order for Involuntary Inpatient Placement recommending that Ms. Crawford remain in treatment for a period not to exceed 60 days.

15. On or about January 19, 2014, Meridian released Ms. Crawford from the Involuntary Inpatient Placement.

16. On or about January 19, 2014, Ms. Crawford began working the 3:00 pm to 11:00 pm shift at Parklands as a registered nurse.

17. At around 5:00 pm., J.C., the nursing supervisor at Parklands, found a pair of keys, belonging to the narcotics cabinet, on a desk. J.C. determined that the keys belonged to Ms. Crawford.

18. J.C. could not locate Ms. Crawford. J.C. attempted unsuccessfully to reach Ms. Crawford by telephone.

19. J.C. phoned K.M., the Director of Nursing at Parklands, to inform her that Ms. Crawford had left the facility and abandoned her patients.

20. K.M. went to Parklands and performed an audit, which revealed missing narcotics.

21. Parklands contacted Alachua County Sheriff's Office ("ACSO") to report Ms. Crawford's suspected diversion of narcotics.

22. On or about January 20, 2014, ACSO deputies went to Ms. Crawford's home and met with Ms. Crawford.

23. Ms. Crawford admitted to an ACSO deputy that she possessed Tramadol without a prescription. Ms. Crawford revealed where the pills were located and the ACSO deputy found 77 tablets of Tramadol 50 mg.



24. Tramadol, commonly known by the brand name Ultram, is an opioid class medication prescribed to treat pain. Tramadol is a legend drug, but not a controlled substance. Tramadol, like all opioid class drugs, can affect mental alertness, is subject to abuse, and can be habit forming.

25. Ms. Crawford told the deputy that she had acquired the pills from her cousin who has a prescription for Tramadol. The deputy arrested Ms. Crawford for possession of a legend drug without a prescription.

26. On or about January 29, 2014, Ms. Crawford wrote a letter to the Board of Nursing. In the letter, Ms. Crawford admitted to abandoning her job at Parklands, citing a combination of mental illness and lack of sleep between shifts. Ms. Crawford denied diverting narcotics from Parklands.

27. On or about March 18, 2014, Ms. Crawford was adjudicated guilty for Drugs-health or safety: possession harmful new legend drug, in violation of Section 499.03(1), Florida Statutes, in Alachua County Case Number 01-2014-MM-000279-A.

28. On or about April 17, 2014, Ms. Crawford underwent a Department compelled mental and physical evaluation with S.T., M.D.

29. Dr. S.T. diagnosed Ms. Crawford with history of depression with psychotic features; anxiety disorder, not otherwise specified ("NOS"); opiate dependence; alcohol abuse versus dependence; cocaine abuse versus dependence; and marijuana abuse versus dependence.

30. Dr. S.T. stated that Ms. Crawford suffers from a combination of severe psychiatric problems along with a substance use disorder.

31. Dr. S.T. opined that Ms. Crawford cannot practice nursing with reasonable skill and safety. Dr. S.T. recommended that Ms. Crawford enter into treatment for her co-occurring psychiatric and drug use disorders at a facility that can handle her significant co-occurring disorders.

32. Dr. S.T. stated that any return to the practice of nursing should be contingent upon successful completion of treatment, close monitoring by the Intervention Project for Nurses ("IPN"), and a mental and physical re-evaluation.

33. IPN is the impaired practitioner program for the Board of Nursing, pursuant to Section 456.076, Florida Statutes (2013-2014). IPN monitors the evaluation, care and treatment of impaired nurses. IPN oversees random drug screens and provides for the exchange of information between treatment providers, evaluators and the Department for the protection of the public.

34. Subsequent to her Department compelled mental and physical evaluation with Dr. S.T., Ms. Crawford contacted IPN to engage in treatment.

35. On or about August 19, 2014, IPN confirmed that Ms. Crawford failed to engage in the IPN-recommended treatment and her intake file has been closed.

36. In the course of their practice, registered nurses have access to medications, including controlled substances, which have a high likelihood for abuse and harm. Registered nurses must dispense and administer such drugs in a manner that is safe and effective for the patient. Because Ms. Crawford is impaired by her depression with psychotic features, anxiety disorder, and the use of opiates, alcohol,

cocaine and marijuana, she may not be capable of administering medications to, or caring for, patients in a manner that is correct and safe. As such, Ms. Crawford's continued unrestricted practice as a registered nurse presents a risk of immediate serious danger to the health, welfare and safety of the public.

37. An independent medical expert determined that Ms. Crawford is unsafe to practice nursing with reasonable skill and safety. Based on that expert's opinion there is no less-restrictive measure than the one outlined in this Order that will adequately protect the public. Ms. Crawford's diagnoses of history of depression with psychotic features; anxiety disorder, NOS; opiate dependence; alcohol abuse versus dependence; cocaine abuse versus dependence; and marijuana abuse versus dependence, limits her ability to practice as a registered nurse with reasonable skill and safety to patients. As such, it is impossible to craft a less-restrictive Order that would adequately protect the public from the danger posed by Ms. Crawford's unrestricted practice of nursing.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the State Surgeon General concludes as follows:

1. The State Surgeon General has jurisdiction over this matter pursuant to Sections 20.43 and 456.073(8), Florida Statutes (2014), and Chapter 464, Florida Statutes (2014), as set forth above.

2. Section 464.018(1)(j), Florida Statutes (2014), authorizes the Board of Nursing to impose discipline against a licensee for being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics or chemicals or any other type of material or as a result of any mental or physical condition.

3. Ms. Crawford violated Section 464.018(1)(j), Florida Statutes (2014), by being unable to practice nursing with reasonable skill and safety to patients due to her diagnoses of history of depression with psychotic features; anxiety disorder, NOS; opiate dependence; alcohol abuse versus dependence; cocaine abuse versus dependence; and/or marijuana abuse versus dependence

4. Section 120.60(6), Florida Statutes (2014), authorizes the State Surgeon General to summarily restrict a registered nurse's license upon a finding that the registered nurse presents an immediate, serious danger to the public health, safety or welfare.

5. Ms. Crawford's continued unrestricted practice as a registered nurse constitutes an immediate, serious danger to the health, safety, or welfare of the citizens of the State of Florida, and this summary procedure is fair under the circumstances to adequately protect the public.

**WHEREFORE**, in accordance with Section 120.60(6), Florida Statutes (2014), it is **ORDERED THAT**:

1. The license of Ms. Crawford to practice nursing, license number RN 9359512, is immediately restricted to prohibit Ms. Crawford from practicing nursing until IPN notifies the Department that Ms. Crawford is safe to resume practice.

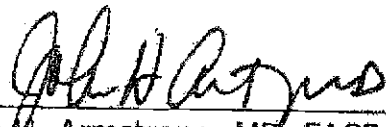
2. A proceeding seeking formal discipline of the license of Vanna Estelle Crawford, R.N., to practice as a registered nurse in the

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case No.: 2014-01189

State of Florida will be promptly instituted and acted upon in compliance  
with Sections 120.569 and 120.60(6), Florida Statutes (2014).

**DONE and ORDERED** this 27<sup>th</sup> day of August,

2014.

  
\_\_\_\_\_  
John A. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

PREPARED BY:  
Karine Giaella  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265  
Florida Bar Number 91101  
(P) 850/245-4444, ext. 8199  
(F) 850/245-4662  
(E) Karine.Giaella@flhealth.gov

In Re: Emergency Restriction of the License of  
Vanna Estelle Crawford, R.N.  
License No.: RN 9359512  
Case No.: 2014-01189

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

Pursuant to Sections 120.60(6), and 120.68, Florida Statutes, the Department's findings of immediate danger, necessity, and procedural fairness shall be judicially reviewable. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing a Petition for Review, in accordance with Florida Rule of Appellate Procedure 9.100, and accompanied by a filing fee prescribed by law with the District Court of Appeal, and providing a copy of that Petition to the Department of Health within thirty (30) days of the date this Order is filed.



\*\* Transmit Conf. Report \*\*

P.1

Aug 27 2014 11:57am

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
99216847	Normal	27:11:56am	0'30"	1	* O K	

**Mission:**  
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

August 27, 2014

The Honorable Robert S. Cohen  
Chief Administrative Law Judge  
Division of Administrative Hearings  
1230 Apalachee Parkway  
Tallahassee, FL 32301

RE: Department of Health vs. Vanna Estelle Crawford, R.N.  
Case Number: 2014-01189

Dear Judge Cohen:

This letter is to advise you that the Department has issued an Emergency Restriction Order concerning the license of **Vanna Estelle Crawford, R.N.**, to practice as a registered nurse in the State of Florida. An Administrative Complaint has not been issued in the above case. Therefore, this is not a request for a formal hearing.

This letter is sent to advise you of the action taken by the Department and to advise you of the possibility that the respondent may request an expedited hearing. The Department shall keep you advised of any developments. If you need additional information, please contact Karine Gialella, Assistant General Counsel at (850) 245-4444.

Sincerely,

Alyson Motes  
Regulatory Consultant Supervisor  
Prosecution Services Unit

AM

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

August 27, 2014

The Honorable Robert S. Cohen  
Chief Administrative Law Judge  
Division of Administrative Hearings  
1230 Apalachee Parkway  
Tallahassee, FL 32301

RE: Department of Health vs. Vanna Estelle Crawford, R.N.  
Case Number: 2014-01189

Dear Judge Cohen:

This letter is to advise you that the Department has issued an Emergency Restriction Order concerning the license of **Vanna Estelle Crawford, R.N.**, to practice as a registered nurse in the State of Florida. An Administrative Complaint has not been issued in the above case. Therefore, this is not a request for a formal hearing.

This letter is sent to advise you of the action taken by the Department and to advise you of the possibility that the respondent may request an expedited hearing. The Department shall keep you advised of any developments. If you need additional information, please contact Karine Gialella, Assistant General Counsel at (850) 245-4444.

Sincerely,

A handwritten signature in black ink, appearing to read "Alyson Motes".

Alyson Motes  
Regulatory Consultant Supervisor  
Prosecution Services Unit

AM

**Florida Department of Health**  
Office of the General Counsel - Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 - Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row - Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4862

**www.FloridasHealth.com**  
TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh

**Motes, Alyson**

---

**From:** FL-Rules@dos.state.fl.us  
**Sent:** Wednesday, August 27, 2014 11:45 AM  
**To:** Motes, Alyson  
**Subject:** Submit Notice in FAR

You have successfully submitted a notice for publication in the Florida Administrative Register on 8/27/2014 11:45:19 AM.

Department: Department of Health  
Organization: Board of Nursing  
Notice type: Miscellaneous  
Issue: 40/168

Once this notice is published you will be able to view it by clicking the following link:  
<http://www.FLRules.org/gateway/View Notice.asp?id=14992628>

You may contact the Florida Administrative Register office at (850)245-6270 for additional information.

@ItsWorkingFL: <https://twitter.com/ItsWorkingFL> The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to [www.fla500.com](http://www.fla500.com). The Department of State is committed to excellence. Please take our Customer Satisfaction Survey: <http://survey.dos.state.fl.us/index.aspx?email=fl.rules@dos.myflorida.com>

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

---

**MEMORANDUM**

**TO:** Florida Administrative Weekly, Liz Cloud  
**FROM:** Alyson Motes, Compliance Officer  
**RE:** Vanna Estelle Crawford, R.N., License # RN 9359512  
**CASE NO(S):** 2014-01189  
**DATE:** August 27, 2014 *ID# 14992628*

---

Attached please find notice of the issuance of an Emergency Restriction Order for notice in the next issue of the Florida Administrative Registry.

On August 27, 2014, State Surgeon General issued an Order of Emergency Restriction of License with regard to the license of Vanna Estelle Crawford, R.N., License # RN 9359512. This Emergency Restriction Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6) Florida Statutes. (2012-2014). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

---

**Florida Department of Health**

Office of the General Counsel - Prosecution Services Unit  
4052 Baid Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row - Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4662

**www.FloridasHealth.com**

TWITTER:HealthyFLA  
FACEBOOK:FLDepartmentofHealth  
YOUTUBE: fldoh



STATE OF FLORIDA  
**DEPARTMENT OF HEALTH**

**INVESTIGATIVE REPORT**


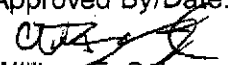
Office: Alachua		Date of Case: January 21, 2014		Case Number: RN 2014-01189	
Subject: <b>VANNA ESTELLE CRAWFORD, RN</b> 4100 SW 20 <sup>th</sup> Avenue, Apt. C-1 Gainesville, Florida 32607 Telephone: (352)262-0418			Source: <b>KATHY MOYERS, RN</b> Director of Nursing Parklands Rehabilitation & Nursing Center 1000 SW 16th Avenue Gainesville, FL 32601 (352) 376-2461 (W)		
Prefix: 1701	License #: 9359512	Profession: Registered Nurse	Board: Nursing	Report Date: 03/31/2014	
Period of Investigation: 03/21/2014 to 03/31/2014			Type of Report: <b>SUPPLEMENTAL 1</b>		
Alleged Violation: Section(s) <b>456.072(1)(z)(k)(dd), FS</b> – Being unable to practice with reasonable skill and safety to patients by reason of illness or use of alcohol...; Failing to perform any statutory or legal obligation placed upon a licensee...; Violating any provision of this chapter...; <b>464.018(1)(h)(i)(j)(o), FS</b> – Unprofessional conduct...; Engaging or attempting to engage in the possession...; Being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol...; Violating any provision of this chapter or chapter 456...; <b>64B9-8.005(3), FAC</b> – Leaving a nursing assignment without advising licensed nursing personnel...					
Synopsis: This supplemental report is predicated upon the receipt of a request from the Prosecution Services Unit (PSU) to hand serve CRAWFORD with an Order Compelling Examination.					
<p>On 03/21/2014, PSU requested that Vanna Estelle Crawford, RN be served with an Order Compelling Examination. After several attempts, I hand served Crawford at her residence of 4100 SW 20<sup>th</sup> Avenue, Apt. C-1, Gainesville, FL 32607. I served Crawford with a packet containing the Order Compelling Examination on 03/31/2014 at 1:00 PM. Crawford dated and signed a confirmation page to indicate she had received the packet.</p> <p>I completed an Affidavit of Service on 03/31/2014.</p> <p>No further investigative action taken.</p>					
<div style="border: 1px solid black; padding: 5px; transform: rotate(-90deg); display: inline-block;">             RECEIVED-LEGAL 14 APR -2 PM 3:29           </div>					
Related Case(s): N/A					
Investigator/Date:  Tanya Thompson, Investigator, GI-34 03/31/2014			Approved By/Date:  04.01.2014 William E. Schauer, Investigation Manager Investigative Services		
Distribution: HQ/ISU					

TABLE OF CONTENTS

I. INVESTIGATIVE REPORT COVER ..... 1

II. TABLE OF CONTENTS ..... 2

III. EXHIBITS

\* S1-1. Copy of PSU Request Form ..... 3

\* S1-2. Copy of Order Compelling an Examination served to Crawford ..... 4-11

\* S1-3. Copy of signed Receipt of Order Compelling an Examination ..... 12

\* S1-4. Affidavit of Service..... 13

\* EXHIBITS CONTAIN INFORMATION WHICH IDENTIFIES PATIENT(S) BY NAME AND ARE SEALED PURSUANT TO SECTION 456.057(10)(a), FLORIDA STATUTES

\*\* THESE RECORDS ARE SEALED PURSUANT TO SECTION 456.057(10)(a), FLORIDA STATUTES AND COPIES OF SAME ARE NOT MAINTAINED IN THE ALACHUA INVESTIGATIVE OFFICE

\*\*\* THIS EXHIBIT CONTAINS CONFIDENTIAL RECORDS CONCERNING REPORTS OF ABUSE, NEGLECT OR EXPLOITATION OF THE VULNERABLE ADULT, INCLUDING REPORTS MADE TO THE CENTRAL ABUSE HOTLINE, AND IS SEALED PURSUANT TO SECTION 415.107(1), FLORIDA STATUTES

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**PSU REQUEST FORM**

FROM: Melba L. Apellaniz, RS II for Christopher Hudtwalcker, Esq.	TO: ISU William E. Schauer
Date: 3/21/2014	TO: CSU
Phone #: (850) 245-4444 Ext. 8223	CC: Tamra L. Doke

<b>Case Number:</b> 2014-01189	<b>Board:</b> Nursing	<b>Status:</b> 67
<b>Subject:</b> Vanna Estelle Crawford, RN	<b>HL Code:</b> h1146a	
<b>Requested Completion Date:</b> 4/10/2014		

**(PSU) TYPE OF REQUEST:** (describe details below)

Process Service\* (Activity Code 160)

Additional Information Requested (Activity Code 145)

Deficiency in Investigative Work (Activity Code 150)

**Details:** Please hand serve Order Compelling Examination to Respondent. Please contact me by 4/10/14 if you are unable to serve. Thank you.

\*The following additional information is needed for each service request:

Last Known Address: **4100 SW 20<sup>th</sup> Avenue, Apt. C-1, Gainesville, FL 32607**; Last Known Name & Phone Number: **Vanna Estelle Crawford, RN; (443) 365-3490**; Last Known Place of Employment & Address if Known: Has Contact Been Made With This Individual? YES  No ; If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent? YES  No  **NOTE:** All process service requests need to be sent to appropriate field office. **\*\*IF YES, please send a copy of the original Investigative Report without attachments.**

**(ISU/CSU) RESPONSE:**

Process Service Completed (Activity Code 161)  Process Service NOT Completed (Activity Code 162)

Additional Info Sent to Legal (Activity Code 156)

Supp. Investigation Request Cancelled (Activity Code 157)

**Email to:**

<u>Pensacola</u>	<u>Tallahassee</u>	<u>Alachua</u>	<u>Jacksonville</u>	<u>St. Pete</u>	<u>Tampa</u>	<u>Orlando</u>	<u>Ft. Myers</u>	<u>West Palm</u>	<u>Ft. Lauderdale</u>	<u>Miami</u>
	<u>Consumers Services</u>	<u>ULA</u>								

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

In Re: The Order Compelling Examination of  
Vanna Estelle Crawford, R.N.  
License Number: RN 9359512  
Case Number: 2014-01189

**ORDER COMPELLING AN EXAMINATION**

The Department of Health ("Department") is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes (2013); and Chapters 456 and 464, Florida Statutes (2013).

For probable cause shown and pursuant to the authority vested in the Department by Chapter 464, Florida Statutes (2013), you are hereby ordered to report and submit to a mental and physical examination to be conducted by the following named physician at the date, time, and place indicated.

**MENTAL AND PHYSICAL EXAMINATION**

**Scott Teitelbaum, M.D.  
4001 SW 13th Street  
Gainesville, Florida 32608  
(352) 265-5549**

**ON**

**Thursday April 17, 2014 @ 2:00 p.m.**

The above-directed mental and physical examination is for the purpose of obtaining examination reports and expert opinion and testimony concerning your ability to practice nursing with reasonable skill and safety

EXHIBIT # S1-2

4



pursuant to Section 464.018(1)(j), Florida Statutes (2013), and for introduction into evidence at any administrative hearing to be conducted on any administrative complaint filed against you which may allege a violation of Section 464.018(1)(j), Florida Statutes (2013). This Order is predicated upon the following Findings of Fact and Conclusions of Law.

#### FINDINGS OF FACT

1. At all times material to this Order, Vanna Estelle Crawford ("Ms. Crawford"), was licensed as a registered nurse in the State of Florida, pursuant to Chapter 464, Florida Statutes (2013), and was employed at Parklands Rehabilitation & Nursing Center ("Parklands") in Gainesville, Florida.

2. On or about October 29, 2013, K.C., Ms. Crawford's mother, filed a Petition Seeking Ex Parte Order Requiring Involuntary Examination of Ms. Crawford ("First Petition"). In the First Petition, K.C. wrote that Ms. Crawford was delusional, was obsessed with her ex-boyfriend who lived in Maryland and was harassing him, and that she was homicidal and suicidal. K.C. stated that Ms. Crawford had refused K.C.'s attempts to get her mental health

assistance, and that Ms. Crawford was also Baker Acted<sup>1</sup> in May 2013. K.C. also wrote that Ms. Crawford requested a gun from K.C.'s brother and that she texted her father "goodbye."

3. On or about October 30, 2013, an Eighth Judicial Circuit Judge granted K.C.'s First Petition and issued an Ex Parte Order Requiring Involuntary Examination ("First Order") of Ms. Crawford.

4. On or about October 31, 2013, an Alachua County Sheriff's deputy served the First Order on Ms. Crawford and transported her to Meridian Behavioral Healthcare ("Meridian") in Lake City, Florida.

5. On or about October 31, 2013, Ms. Crawford filed a Petition for Writ of Habeas Corpus or for Redress of Grievances ("Writ") asking to be released from involuntary commitment at Meridian.

6. On or about November 5, 2013, a Circuit Judge for the Third Judicial Circuit of Florida held a hearing on Ms. Crawford's Writ. R.B., M.D. and S.F., M.D., doctors at Meridian, filed opinions supporting Ms. Crawford's involuntary commitment. Dr. R.B. wrote that on November 1, 2013, he examined Ms. Crawford. He stated:

She is experiencing severe, intense, unremitting

---

<sup>1</sup> Baker Act refers to the involuntary institutionalization and examination of an individual as codified in Chapter 394.451-394.4789, Florida Statutes.

obsessional thinking about her ex-boyfriend, calling him, sending him love letters. Told father she was going to drive to Maryland to stab him with a knife. Drove as far as South Carolina before turning back. Recently asked uncle for a gun, now trying to purchase a firearm. Father, mother, uncle all concerned about her risk of hurting self or others. Poor insight and judgment.

The Third Judicial Circuit Judge ordered Ms. Crawford to stay in treatment for 30 days.

7. On or about November 22, 2013, Meridian released Ms. Crawford from involuntary commitment.

8. On or about November 27, 2013, K.C. filed a second Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination ("Second Petition"). In the Second Petition, K.C. wrote that Meridian released Ms. Crawford too early because Ms. Crawford was still planning to kill her ex-boyfriend and herself. K.C. wrote that she had heard Ms. Crawford ask her brother for money, which K.C. believed was to finance a trip to Maryland to kill her ex-boyfriend and herself.

9. On or about November 27, 2013, a Third Judicial Circuit Judge issued a second Ex Parte Order Requiring Involuntary Examination ("Second Order"). On or about November 27, 2013, an Alachua County Sheriff's deputy served the Second Order on Ms. Crawford and transported her to Meridian.

10. On or about December 4, 2013, an Eighth Judicial Circuit Judge held a hearing on the Second Order. F.C., M.D. and F.A., M.D., doctors at Meridian, issued opinions supporting Ms. Crawford's involuntary commitment at Meridian. On or about December 5, 2013, the Eighth Judicial Circuit Judge issued an Order for Involuntary Inpatient Placement recommending that Ms. Crawford stay in treatment for a period not to exceed 60 days.

11. By on or about January 19, 2014, Ms. Crawford was released from Meridian and on January 19, 2014, was working the 3:00 pm to 11:00 pm shift at Parklands as a registered nurse. Around 5:00 pm., J.C., the nursing supervisor, found a pair of narcotic keys on a desk. After checking with the other nurses, J.C. determined that the keys belonged to Ms. Crawford. J.C. could not locate Ms. Crawford and after failing to reach Ms. Crawford by telephone, J.C. determined that Ms. Crawford had left Parklands and abandoned her patients without informing any of her co-workers. J.C. called K.M., the Director of Nursing at Parklands, to inform her that Ms. Crawford had left the facility without informing any staff and had abandoned her patients.

12. K.M. went to Parklands and performed a narcotic audit, which revealed missing narcotics.

13. On or about January 20, 2014, Alachua County Sheriff's deputies went to Ms. Crawford's home to investigate Parklands' suspicions that Ms. Crawford had diverted narcotics. Ms. Crawford admitted to a Sheriff's deputy that she had possessed Tramadol without a prescription and showed the sheriff where the pills were located. The deputy found 77 tablets of Tramadol 50 mg. Ms. Crawford told the deputy that she had gotten the pills from her cousin who is prescribed Tramadol. The deputy arrested Ms. Crawford for possessing a legend drug without a prescription.

14. Tramadol, commonly known by the brand name Ultram, is an opioid class medication prescribed to treat pain. Tramadol is a legend drug, but not a controlled substance. Tramadol, like all opioid class drugs, can affect mental alertness, is subject to abuse, and can be habit forming.

15. On or about January 29, 2014, Ms. Crawford wrote a letter to the Board of Nursing. In the letter, Ms. Crawford admitted to abandoning her job at Parklands, citing a combination of mental illness (depression) and lack of sleep between shifts. Ms. Crawford denied diverting narcotics from Parklands.

16. Because Ms. Crawford has been Baker Acted twice in four months, has exhibited signs of severe mental illness, has abandoned her job at Parklands, and has been arrested for possession of a legend drug without

a prescription, a thorough and complete mental and physical examination of Ms. Crawford is necessary to protect the public and to ensure that she is able to practice as a registered nurse with reasonable skill and safety.

#### CONCLUSIONS OF LAW

1. The Department of Health, by and through the State Surgeon General, has jurisdiction over this matter pursuant to Chapters 456 and 464, Florida Statutes (2013).

2. Section 464.018(1)(j), Florida Statutes (2013), states, in pertinent part, that "the department shall have, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice nursing because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department."

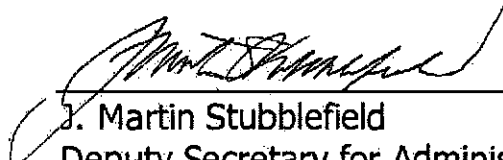
3. Based on the foregoing Findings of Fact, the State Surgeon General, through his undersigned designee, concludes that probable cause exists to believe Ms. Crawford is unable to practice nursing with reasonable skill and safety to patients, pursuant to Section 464.018(1)(j) Florida Statutes (2013).

In Re: The Order Compelling Examination of  
Vanna Estelle Crawford, R.N.  
License Number: RN 9359512  
Case Number 2014-01189

4. In accordance with the authority vested in the Department of Health under Chapters 456 and 464, Florida Statutes, the State Surgeon General, through his undersigned designee, concludes that Section 464.018(1)(j) Florida Statutes (2013), should be enforced.

DONE and ORDERED by the Department of Health on this 14<sup>th</sup> day of March, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General

  
\_\_\_\_\_  
J. Martin Stubblefield  
Deputy Secretary for Administration

COUNSEL FOR DEPARTMENT:  
Christopher Hudtwalcker, Esq.  
Florida Bar No.: 106971  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
(P) 850-245-4444, ext. 8167  
(F) 850-245-4662  
(E)[christopher.hudtwalcker@flhealth.gov](mailto:christopher.hudtwalcker@flhealth.gov)

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

In Re: The Order Compelling Examination of  
Vanna Estelle Crawford, R.N.  
License Number: RN 9359512  
Case Number: 2014-01189

**ORDER COMPELLING AN EXAMINATION**

The Department of Health ("Department") is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes (2013); and Chapters 456 and 464, Florida Statutes (2013).

For probable cause shown and pursuant to the authority vested in the Department by Chapter 464, Florida Statutes (2013), you are hereby ordered to report and submit to a mental and physical examination to be conducted by the following named physician at the date, time, and place indicated.

**MENTAL AND PHYSICAL EXAMINATION**

**Scott Teitelbaum, M.D.  
4001 SW 13th Street  
Gainesville, Florida 32608  
(352) 265-5549**

**ON**

**Thursday April 17, 2014 @ 2:00 p.m.**

The above-directed mental and physical examination is for the purpose of obtaining examination reports and expert opinion and testimony concerning your ability to practice nursing with reasonable skill and safety

EXHIBIT # S1-3

Date: 3/31/14 Time: 1:00 pm  
Received by: Vanna Crawford  
Print Name: Vanna Crawford  
Initials/GI#: AC GI-34



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT OF SERVICE OR DILIGENT SEARCH**

**Florida Department of Health**  
Petitioner

v.

Case No.: **RN 2014-01189**

**Vanna Estelle Crawford, R.N.**  
Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.

2) That on 03/31/2014, Affiant made a diligent effort to locate Respondent, to serve \_\_\_\_\_ Administrative Complaint and related papers; XXX Order compelling examination(s); \_\_\_\_\_ Subpoena(s); \_\_\_\_\_ Final order; \_\_\_\_\_ Notice to cease and desist; \_\_\_\_\_ ESO/ERO and related papers; \_\_\_\_\_ Citation and related papers.

3) Check applicable answer below:

XXX Affiant made personal service on Respondent or on some person at Respondent's usual place of abode over the age of 15 residing there, on 03/31/2014 at 1:00PM.

\_\_\_\_\_ Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent shown in the DOH investigation of the case; (b) all official addresses for Respondent shown in his licensing records on the computer terminal or Board office; (c) Local telephone company for the last area Respondent was known to frequent; (d) Division of Drivers Licenses; and (e) Utilities (electric, cable, etc.); any others: \_\_\_\_\_

[Signature]  
Affiant

State of Florida  
County of Alachua

Before me, personally appeared Tanya Thompson whose identity is known to me by personal knowledge and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 31st day of March 2014.

Pamela Sharkey  
Notary Public-State of Florida  
Pamela Sharkey  
Type or Print Name



My Commission Expires

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

March 21, 2014

Scott A. Teitelbam, M.D.  
4001 SW 13<sup>th</sup> Street  
Gainesville, FL 32608

Re: Vann Estelle Crawford, R.N.; Complaint No. 2014-01189

Dear Dr. Teitelbaum:

Thank you very much for agreeing to evaluate the above-referenced medical professional on **Thursday, April 17, 2014 @ 2:00 p.m.** The Department of Health is currently reviewing allegations that this medical professional may be unsafe to practice his/her profession due to impairment.

**If you determine that the Subject is unsafe to practice, please contact the attorney, Christopher Hudtwalcker, immediately so he can begin preparing his recommendation for emergency action to protect the public from harm.**

**REVIEW MATERIALS**

The materials being provided by the Department for your review include the investigative report and exhibits, including available medical records:

If you cannot read any material parts of the medical records or information provided, or if additional information (interviews, medical records, X-rays, etc.) is required before you can render an opinion, please send a FAX outlining your needs to Melba L. Apellaniz at FAX # (850) 245-4662.

Florida statutes prevent "peer review" from being used in administrative proceedings, thus we do not want you to review or consider any such materials. If you accidentally receive any peer review records, please call us immediately so we can decide how to proceed. If you review the peer review material, it makes you ineligible to provide an opinion and testimony in the case.

**REPORT FORMAT**

The issues that the Department would like you to address and assess include the following:

1. Diagnosis (AXIS I-V)  
Rule out substance abuse or any other mental health problem that would interfere with licensee's ability to safely practice his/her profession.
2. Pertinent chemical dependency history, such as diversion, types of drugs used, etc.
3. Status and stability of recovery, previous chemical dependency or psychiatric treatment, if applicable.
4. Assessment of ability to safely practice his/her profession. Please consider:

- a. Problem solving ability
  - b. Cognitive functioning
  - c. Sound judgment
  - d. Ability to cope with stressful situation
  - e. Decision-making in a crisis
  - f. Mental status
5. Physical status-current health, chronic pain diagnosis, propensity for physical cravings for drugs or alcohol.
  6. Degree of other life stressors; for example, financial, social, marital, emotional, psychiatric or employment related.
  7. Level of stress and job satisfaction, including job description and responsibility.
  8. Support systems.
  9. Please assess the need for any type of structured treatment. If you recommend treatment, please be specific.
  10. Please add a **conclusion/summary** which **clearly states** whether you believe the subject is **safe to practice in his/her profession** according to the results of your evaluation. Please **clearly state the reason for your opinion.**

### **AFTER YOUR REVIEW**

Please address your evaluation, and a current copy of your Curriculum Vitae to the following:

- **By Fax:** (850) 245-4662 – **ATTN:** Melba L. Apellaniz
- **By Mail:**  
Melba L. Apellaniz, Regulatory Specialist II  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265

You should retain this letter and the enclosed materials pending notification from the Department regarding the disposition of this matter.

**Please be advised that your testimony may be needed at a later date should a formal hearing be necessary to resolve the allegations in this case. Please provide us with the most direct way to contact you (email, back-line, cell phone, etc.) should the need arise for follow-up questions/discussion of your review.**

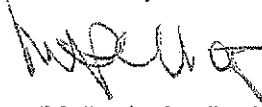
### **CONFIDENTIALITY**

Materials submitted are confidential and should not be discussed with anyone except members of the Department legal staff, unless prior approval from the Department is secured.

**The identity of any patient referenced in this case must remain confidential throughout both your expert report and any proceedings that may follow as a result of this action.** Please use only the initials of the patient any time a reference to the patient is required in your report or any future correspondence.

If you would like to discuss any aspect of this case, please feel free to call the attorney directly at 850-245-4444, ext. 8167. The Department would like to thank you in advance for your time and effort spent in the review of this matter.

Sincerely,



Melba L. Apellaniz, RS II  
Department of Health  
Prosecution Services Unit

---

**Florida Department of Health**  
Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row – Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4662

**www.FloridasHealth.com**  
TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fidoh



## Shipment Receipt

**Address Information****Ship to:**

Connie Pruitt  
UF, Florida Recovery  
Center

4001 SW 13th Street

GAINESVILLE, FL

32608

US

3522655525

**Ship from:**

Melba Apellaniz  
Department of Health

2585 Merchants Way, Suite  
125

Tallahassee, FL

32399

US

8502454640

**Shipment Information:**

Tracking no.: 798292810980

Ship date: 03/21/2014

Estimated shipping charges: 0.00

**Package Information**

Pricing option: FedEx Standard Rate

Service type: Standard Overnight

Package type: FedEx Pak

Number of packages: 1

Total weight: 5 LBS

Declared Value: 0.00 USD

Special Services:

Pickup/Drop-off: Use an already scheduled pickup at my location

**Billing Information:**

Bill transportation to: chas-963

Your reference: 64750301017

P.O. no.:

Invoice no.: Case Review 14-01189

Department no.:

Thank you for shipping online with FedEx ShipManager at fedex.com.

**Please Note**

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits. Consult the applicable FedEx Service Guide for details. The estimated shipping charge may be different than the actual charges for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Consult the applicable FedEx Service Guide or the FedEx Rate Sheets for details on how shipping charges are calculated.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

In Re: The Order Compelling Examination of  
Vanna Estelle Crawford, R.N.  
License Number: RN 9359512  
Case Number: 2014-01189

**ORDER COMPELLING AN EXAMINATION**

The Department of Health ("Department") is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes (2013); and Chapters 456 and 464, Florida Statutes (2013).

For probable cause shown and pursuant to the authority vested in the Department by Chapter 464, Florida Statutes (2013), you are hereby ordered to report and submit to a mental and physical examination to be conducted by the following named physician at the date, time, and place indicated.

**MENTAL AND PHYSICAL EXAMINATION**

**Scott Teitelbaum, M.D.  
4001 SW 13th Street  
Gainesville, Florida 32608  
(352) 265-5549**

**ON**

**Thursday April 17, 2014 @ 2:00 p.m.**

The above-directed mental and physical examination is for the purpose of obtaining examination reports and expert opinion and testimony concerning your ability to practice nursing with reasonable skill and safety

pursuant to Section 464.018(1)(j), Florida Statutes (2013), and for introduction into evidence at any administrative hearing to be conducted on any administrative complaint filed against you which may allege a violation of Section 464.018(1)(j), Florida Statutes (2013). This Order is predicated upon the following Findings of Fact and Conclusions of Law.

#### FINDINGS OF FACT

1. At all times material to this Order, Vanna Estelle Crawford ("Ms. Crawford"), was licensed as a registered nurse in the State of Florida, pursuant to Chapter 464, Florida Statutes (2013), and was employed at Parklands Rehabilitation & Nursing Center ("Parklands") in Gainesville, Florida.

2. On or about October 29, 2013, K.C., Ms. Crawford's mother, filed a Petition Seeking Ex Parte Order Requiring Involuntary Examination of Ms. Crawford ("First Petition"). In the First Petition, K.C. wrote that Ms. Crawford was delusional, was obsessed with her ex-boyfriend who lived in Maryland and was harassing him, and that she was homicidal and suicidal. K.C. stated that Ms. Crawford had refused K.C.'s attempts to get her mental health

assistance, and that Ms. Crawford was also Baker Acted<sup>1</sup> in May 2013. K.C. also wrote that Ms. Crawford requested a gun from K.C.'s brother and that she texted her father "goodbye."

3. On or about October 30, 2013, an Eighth Judicial Circuit Judge granted K.C.'s First Petition and issued an Ex Parte Order Requiring Involuntary Examination ("First Order") of Ms. Crawford.

4. On or about October 31, 2013, an Alachua County Sheriff's deputy served the First Order on Ms. Crawford and transported her to Meridian Behavioral Healthcare ("Meridian") in Lake City, Florida.

5. On or about October 31, 2013, Ms. Crawford filed a Petition for Writ of Habeas Corpus or for Redress of Grievances ("Writ") asking to be released from involuntary commitment at Meridian.

6. On or about November 5, 2013, a Circuit Judge for the Third Judicial Circuit of Florida held a hearing on Ms. Crawford's Writ. R.B., M.D. and S.F., M.D., doctors at Meridian, filed opinions supporting Ms. Crawford's involuntary commitment. Dr. R.B. wrote that on November 1, 2013, he examined Ms. Crawford. He stated:

She is experiencing severe, intense, unremitting

---

<sup>1</sup> Baker Act refers to the involuntary institutionalization and examination of an individual as codified in Chapter 394.451-394.4789, Florida Statutes.



obsessional thinking about her ex-boyfriend, calling him, sending him love letters. Told father she was going to drive to Maryland to stab him with a knife. Drove as far as South Carolina before turning back. Recently asked uncle for a gun, now trying to purchase a firearm. Father, mother, uncle all concerned about her risk of hurting self or others. Poor insight and judgment.

The Third Judicial Circuit Judge ordered Ms. Crawford to stay in treatment for 30 days.

7. On or about November 22, 2013, Meridian released Ms. Crawford from involuntary commitment.

8. On or about November 27, 2013, K.C. filed a second Petition and Affidavit Seeking Ex Parte Order Requiring Involuntary Examination ("Second Petition"). In the Second Petition, K.C. wrote that Meridian released Ms. Crawford too early because Ms. Crawford was still planning to kill her ex-boyfriend and herself. K.C. wrote that she had heard Ms. Crawford ask her brother for money, which K.C. believed was to finance a trip to Maryland to kill her ex-boyfriend and herself.

9. On or about November 27, 2013, a Third Judicial Circuit Judge issued a second Ex Parte Order Requiring Involuntary Examination ("Second Order"). On or about November 27, 2013, an Alachua County Sheriff's deputy served the Second Order on Ms. Crawford and transported her to Meridian.

10. On or about December 4, 2013, an Eighth Judicial Circuit Judge held a hearing on the Second Order. F.C., M.D. and F.A., M.D., doctors at Meridian, issued opinions supporting Ms. Crawford's involuntary commitment at Meridian. On or about December 5, 2013, the Eighth Judicial Circuit Judge issued an Order for Involuntary Inpatient Placement recommending that Ms. Crawford stay in treatment for a period not to exceed 60 days.

11. By on or about January 19, 2014, Ms. Crawford was released from Meridian and on January 19, 2014, was working the 3:00 pm to 11:00 pm shift at Parklands as a registered nurse. Around 5:00 pm., J.C., the nursing supervisor, found a pair of narcotic keys on a desk. After checking with the other nurses, J.C. determined that the keys belonged to Ms. Crawford. J.C. could not locate Ms. Crawford and after failing to reach Ms. Crawford by telephone, J.C. determined that Ms. Crawford had left Parklands and abandoned her patients without informing any of her co-workers. J.C. called K.M., the Director of Nursing at Parklands, to inform her that Ms. Crawford had left the facility without informing any staff and had abandoned her patients.

12. K.M. went to Parklands and performed a narcotic audit, which revealed missing narcotics.

13. On or about January 20, 2014, Alachua County Sheriff's deputies went to Ms. Crawford's home to investigate Parklands' suspicions that Ms. Crawford had diverted narcotics. Ms. Crawford admitted to a Sheriff's deputy that she had possessed Tramadol without a prescription and showed the sheriff where the pills were located. The deputy found 77 tablets of Tramadol 50 mg. Ms. Crawford told the deputy that she had gotten the pills from her cousin who is prescribed Tramadol. The deputy arrested Ms. Crawford for possessing a legend drug without a prescription.

14. Tramadol, commonly known by the brand name Ultram, is an opioid class medication prescribed to treat pain. Tramadol is a legend drug, but not a controlled substance. Tramadol, like all opioid class drugs, can affect mental alertness, is subject to abuse, and can be habit forming.

15. On or about January 29, 2014, Ms. Crawford wrote a letter to the Board of Nursing. In the letter, Ms. Crawford admitted to abandoning her job at Parklands, citing a combination of mental illness (depression) and lack of sleep between shifts. Ms. Crawford denied diverting narcotics from Parklands.

16. Because Ms. Crawford has been Baker Acted twice in four months, has exhibited signs of severe mental illness, has abandoned her job at Parklands, and has been arrested for possession of a legend drug without

a prescription, a thorough and complete mental and physical examination of Ms. Crawford is necessary to protect the public and to ensure that she is able to practice as a registered nurse with reasonable skill and safety.

### CONCLUSIONS OF LAW

1. The Department of Health, by and through the State Surgeon General, has jurisdiction over this matter pursuant to Chapters 456 and 464, Florida Statutes (2013).

2. Section 464.018(1)(j), Florida Statutes (2013), states, in pertinent part, that "the department shall have, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice nursing because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department."

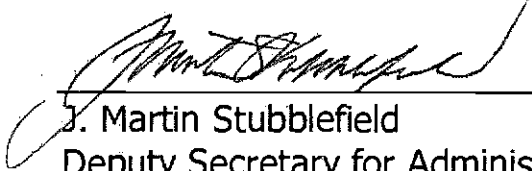
3. Based on the foregoing Findings of Fact, the State Surgeon General, through his undersigned designee, concludes that probable cause exists to believe Ms. Crawford is unable to practice nursing with reasonable skill and safety to patients, pursuant to Section 464.018(1)(j) Florida Statutes (2013).

4. In accordance with the authority vested in the Department of Health under Chapters 456 and 464, Florida Statutes, the State Surgeon General, through his undersigned designee, concludes that Section 464.018(1)(j) Florida Statutes (2013), should be enforced.

DONE and ORDERED by the Department of Health on this 14<sup>th</sup> day of

March, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General

  
J. Martin Stubblefield  
Deputy Secretary for Administration

COUNSEL FOR DEPARTMENT:  
Christopher Hudtwalcker, Esq.  
Florida Bar No.: 106971  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
(P) 850-245-4444, ext. 8167  
(F) 850-245-4662  
(E)[christopher.hudtwalcker@flhealth.gov](mailto:christopher.hudtwalcker@flhealth.gov)

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

BOARD: Nursing

CASE NUMBER: 2009-06112

COMPLAINT MADE BY: Jeffrey B. Sack, M.D.  
3050 Bee Ridge Road, Suite B  
Sarasota, Florida 34239

DATE OF COMPLAINT: March 27, 2009

SUBJECT: Cynthia Marie Coffin, R.N.  
1089 Delacroix Circle  
Nokomis, Florida 34275

SUBJECT'S ATTORNEY: Jeffrey Haynes, Esquire  
240 North Washington Boulevard  
Suite No. 460  
Sarasota, Florida 34236

INVESTIGATED BY: James Williams  
Tampa

REVIEWED BY: Mary S. Miller  
Assistant General Counsel

RECOMMENDATION: 4097  
Reconsideration

**CLOSING ORDER ON RECONSIDERATION**

**THE COMPLAINT:** The Complaint alleged that Subject violated Section 464.018(1)(j), Florida Statutes (2009), by being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.

**THE FACTS:** The Complaint alleges that on or about October 6 2008, the Subject submitted a prescription for phentermine 37.5 milligrams, to the Family Drugstore, Inc., ostensibly authorized by Dr. Jeffery Sack, M.D. The Complaint alleges that on or about September 18, 2009, the Department ordered the Subject to submit to a mental and physical evaluation to determine her ability to practice nursing with reasonable skill and safety. The Complaint alleges the Subject submitted to the evaluation and the independent evaluator opined was then unable to practice nursing with reasonable skill and safety.

The Department filed an Administrative Complaint on or about March 18, 2010, alleging the Subject was unable to practice nursing with reasonable skill and safety. On or about April 14, 2010, the Subject, through her attorney, requested a formal hearing at the Division of Administrative Hearings.

Since the filing of the Administrative Complaint, the Subject submitted to a second mental and physical evaluation, at her own expense. On or about February 13, 2014, the Subject submitted a mental and physical evaluation with Dr. D.M., M.D, an IPN-approved evaluator. Dr. D.M. opined that the Subject did not meet any DSM-IV criteria for alcohol or substance abuse. Dr. D.M. also opined the Subject is safe to practice nursing with reasonable skill and safety. As part of her evaluation with Dr. D.M., the Subject submitted to urine, hair, and PEth tests which all returned negative.

The Subject demonstrated she is currently safe to practice nursing with reasonable skill and safety. The Subject submitted to a second mental and physical evaluation with an IPN-approved evaluator on or about February 13, 2014. The second evaluator opined the Subject is currently safe to practice nursing with reasonable skill and safety. As part of the February 13, 2014 evaluation, the Subject submitted to urine, hair, and PEth tests which all returned negative. Therefore, there is insufficient evidence to demonstrate the Subject is currently in violation of Section 464.018(1)(j), Florida Statutes.

The Department's burden of proof at DOAH is clear and convincing evidence that a licensed practical nurse violated the nurse practice act. There was sufficient evidence for the Panel to have found probable cause.

However, based on the above facts, the Department, pursuant to the provisions of Section 20.43(3), Florida Statutes, has determined that there is insufficient evidence to support the continued prosecution of the allegations contained in the Administrative Complaint. Therefore, pursuant to Section 456.073(2), Florida Statutes, this case is hereby DISMISSED.

It is, therefore, ORDERED that this matter be, and same is hereby, DISMISSED.

DONE AND ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

---

CHAIRPERSON, PROBABLE CAUSE PANEL BOARD  
OF NURSING

/MSM

PCP:

PCP Members:



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

Case No. 2009-06112

v.

CYNTHIA MARIE COFFIN, R.N.,

Respondent.

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Cynthia Marie Coffin, R.N., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Complaint, Respondent was a registered nurse (R.N.) within the state of Florida, having been issued license number RN 3347602.

3. Respondent's address of record is 1089 Delacroix Circle, Nokomis, Florida 34275.

---

4. From on or about March 1, 2004, through on or about February 20, 2009, Respondent was employed as a R.N. by Jeffrey B. Sack, M.D., (Dr. Sack), in his private medical practice.

5. On or about October 6, 2008, Respondent submitted a prescription for Phentermine 37.5 mg #30 with six refills, to the Family Drugstore, Inc., ostensibly authorized by Dr. Sack.

6. Phentermine is a stimulant commonly prescribed to assist with weight loss. According to Section 893.03(4), Florida Statutes, phentermine is a Schedule IV controlled substance that has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States, and abuse of phentermine may lead to limited physical or psychological dependence relative to the substances in Schedule III.

7. On or about March 9, 2009, a box arrived at Dr. Sack's office via U.S. Mail addressed to Respondent.

8. On or about March 9, 2009, Dr. Sack opened the box addressed to Respondent and discovered a prescription medication bottle with

Phentermine tablets for Respondent, with Dr. Sack listed as the prescribing physician.

---

9. Dr. Sack contacted the pharmacy and obtained a copy of Respondent's prescription for Phentermine, ostensibly authorized by Dr. Sack, and purportedly bearing Dr. Sack's DEA number and signature.

10. The Family Drugstore, Inc., reportedly filled Respondent's Phentermine 37.5 mg #30 prescription six times: on or about October 10, 2008; November 11, 2008, December 3, 2008, January 2, 2009, February 4, 2009, and March 6, 2009.

11. On or about September 18, 2009, the Department ordered Respondent to submit to a mental and physical examination to determine her ability to practice nursing with reasonable skill and safety pursuant to the authority granted in Section 464.018(1)(j), Florida Statutes.

12. On or about October 12, 2009, Respondent submitted to the compelled mental and physical examination which was conducted by a specialist in addiction psychiatry.

13. The evaluator diagnosed Respondent with stimulant abuse versus dependency.

14. The evaluator opined that Respondent's behavior was suspicious for having either an abuse or dependency problem.

---

15. The evaluator opined that Respondent is unable to practice nursing with reasonable skill and safety.

16. The evaluator recommended that Respondent enter the Intervention Project for Nurses (IPN) and follow all recommendations, complete an intensive out-patient drug treatment program for further evaluation and assessment, submit to frequent drug urine screens, abstain from using alcohol and other mood altering substances while in the IPN, and undergo psychological testing.

17. IPN is the impaired practitioner program for the Board of Nursing, designated pursuant to Section 456.076, Florida Statutes. IPN is the program that monitors the evaluation, care, and treatment of impaired nurses. IPN oversees random drug screens and provides for the exchange of information between treatment providers, evaluators and the Department for the protection of the public.

18. Registered nurses are required to assess the condition of their patients and make complex decisions regarding patient care. Mental

fitness and emotional stability are essential traits that a registered nurse must possess in order to competently practice nursing.

---

19. Section 464.018(1)(j), Florida Statutes (2009), provides that being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition constitutes grounds for discipline of a licensee by the Board of Nursing.

20. As set forth above, Respondent is unable to practice nursing with reasonable skill and safety to patients due to opiate abuse and/or opiate dependency.

21. Based on the foregoing, Respondent violated Section 464.018(1)(j), Florida Statutes (2009), by being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand,

placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 18<sup>th</sup> day of March, 2010.

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK: Angela Bauto  
DATE 3/19/2010

Mary S. Miller  
Mary S. Miller  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0780420  
(850) 245 - 4640 Telephone  
(850) 245 - 4683 Facsimile

PCP: March 18, 2010  
PCP Members: Habgood, Kemp  
/MM:

## NOTICE OF RIGHTS

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## NOTICE REGARDING ASSESSMENT OF COSTS

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

BOARD: Nursing

CASE NUMBER: 2014-11653

COMPLAINT MADE BY: S.P, R.N., Director of Nursing T the Willough  
at Naples

COMPLAINT MADE AGAINST: Charlene Paul, L.P.N.  
2200 Greenback Circle, Apt. 102  
Naples, Florida 34112

SUBJECT'S ATTORNEY: Thomas Dickens III, Esq.  
Dickens Reid  
516 East College Avenue  
Tallahassee, Florida 32301

DATE OF COMPLAINT: July 22, 2014

INVESTIGATED BY: ISU- Fort Myers

REVIEWED BY: Lindsay Wells Grogan, Esq.

RECOMMENDATION: Dismiss (4099)

CLOSING ORDER

THE COMPLAINT: The complaint alleges that the Subject violated Section 464.018(1)(j), Florida Statutes (2013-2014), being unable to practice nursing with reasonable skill and safety to patients by reason of marijuana abuse.

THE FACTS: On or about November 5, 2014, S.P., M.D., conducted a Department-ordered evaluation of the Subject. Dr. S.P. diagnosed the Subject with marijuana abuse. Dr. S.P. opined that the Subject cannot practice as a LPN with reasonable skill and safety and recommended that she enter an Intervention Project for Nurses (IPN) extended diagnostic contract.



The Department filed an Administrative Complaint on December 17, 2014, alleging violation of 464.018(1)(j), Florida Statutes (2013-2014). Subsequent to the filing of that Complaint, the Department noted insufficiencies in the evaluator's report and opinion leading to the conclusion that the Department cannot prove the charged violations in this case with clear and convincing evidence.

Although probable cause existed for the violation alleged in the Amended Administrative Complaint, given the significant passage of time from the alleged incident, coupled with the evidentiary issues, the Probable Cause Panel has determined that the public interest would be best served by dismissal of this case rather than further prosecution and expenditure of state funds.

Based on the foregoing, the Probable Cause Panel has determined that the dismissal of this case is appropriate.

THE LAW: Pursuant to Section 456.073(4), Florida Statutes, the Probable Cause Panel has determined that further prosecution of this case is not warranted.

It is, therefore, ORDERED that this matter should be and the same is hereby DISMISSED.

DONE and ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Chairperson, Probable Cause Panel  
Board of Nursing

LWG  
PCP Date:  
PCP Members:



STATE OF FLORIDA

DEPARTMENT OF HEALTH



INVESTIGATIVE REPORT

Office: Tallahassee		Date of Complaint: 07/22/2014	Case Number: 201411653
<b>Subject:</b> <b>CHARLENE PAUL, LPN</b> 2200 Greenback Circle, Apartment 102 Naples, Florida 34112 (754) 423-0840		<b>Source:</b> <b>STACEY PALAIA, RN, DON</b> The Willough at Naples 9001 Tamiami Trail E Naples, Florida 34113 (239) 775-4500	
Profession: Licensed Practical Nurse		License Number and Status: PN5207616/Emerg. Restrict.	
Related Case(s): N/A		Period of Investigation and Type of Report: 02/17/2015 to 02/20/2015 - Supplemental	
Alleged Violation: Section 456.072(1)(k)(z)(aa)(dd), F.S.; Section 464.018(1)(j)(o), F.S. Synopsis: This supplemental investigation is predicated upon receipt of a request (Exhibit #S1) from DOH PROSECUTION SERVICES UNIT (PSU) for service of an Order Compelling Examination (OCE).  KENNEDY served the OCE to PAUL'S attorney of record, THOMAS DICKENS, at 517 E. College Avenue, Tallahassee, Florida 32301, on 02/18/2015.  <b>EXHIBITS:</b>  S1 - Supplemental request from PSU for service of an OCE (pages 2-7). S2 - Affidavit of Service (page 8).			
Received Investigative Services FEB 24 2015 DOH/MQA Tallahassee HQ			
Investigator/Date: <i>Lauren Kennedy 02/20/2015</i> Lauren Kennedy, Investigator, CI-45		Approved By/Date: <i>[Signature] 2/20/15</i> Jim Cooksey, Investigation Manager	
Distribution: HQ/ISU			Page 1

RECEIVED-LEGAL  
FEB 25 AM 7:16

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**PSU REQUEST FORM**

FROM: Melba L. Apellaniz, RS II for Lindsay Wells Grogan, Esq.	TO: ISU James Cooksey
Date: 2/17/15	TO: CSU
Phone #: (850) 245-4444 Ext. 8223	CC:

<b>Case Number: 2014-11653</b>	<b>Board: Nursing</b>	<b>Status: 87</b>
<b>Subject: Charlene Paul, L.P.N.</b>	<b>HL Code: hll118A</b>	
<b>Requested Completion Date: 3/16/2015</b>		

**(PSU) TYPE OF REQUEST:** (describe details below)

Process Service\* (**Activity Code 160**)

Additional Information Requested (**Activity Code 145**)

Deficiency in Investigative Work (**Activity Code 150**)

**Details:** Please hand serve Order Compelling Examination to Respondent. Respondent is represented by Thomas L. Dickens, III, Esq., 517 E. College Ave., Tallahassee, FL 32301, (850) 629-4302. Please contact me by 3/16/15 if unable to serve. Thank you.

\*The following additional information is needed for each service request:

Last Known Address: **2200 Greenback Circle, Apt. 102, Naples, FL 34112**; Last Known Name & Phone Number: **Charlene Paul, L.P.N.; (754) 423-0840**; (Last Known Place of Employment & Address if Known: Has Contact Been Made With This Individual? YES  No ; If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent? YES \*\* No  NOTE: All process service requests need to be sent to appropriate field office.

**\*\*IF YES, please send a copy of the original Investigative Report without attachments.**

**(ISU/CSU) RESPONSE:**

Process Service Completed (Activity Code 161)  Process Service NOT Completed (Activity Code 162)

Additional Info Sent to Legal (Activity Code 156)

Supp. Investigation Request Cancelled (Activity Code 157)

<b>Email to:</b>	<u>Tallahass</u>	<u>Alach</u>	<u>Jacksonvi</u>	<u>St.</u>	<u>Tamp</u>	<u>Orland</u>	<u>Ft.</u>	<u>West</u>	<u>Ft.</u>	<u>Miam</u>
<u>Pensacol</u>	<u>ee</u>	<u>ua</u>	<u>lle</u>	<u>Pete</u>	<u>a</u>	<u>o</u>	<u>Myers</u>	<u>Palm</u>	<u>Lauderdale</u>	<u>i</u>
<u>a</u>	<u>Consume</u>									
	<u>r</u>									
	<u>Services</u>	<u>ULA</u>								

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

In Re: The Order Compelling Examination of  
Charlene Paul, L.P.N.  
License Number PN 5207616  
Case Number 2014-11653

ORDER COMPELLING AN EXAMINATION

The Department of Health (Department) is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes (2013); and Chapters 456 and 464, Florida Statutes (2013-2014).

For probable cause shown and pursuant to the authority vested in the Department by Chapter 464, Florida Statutes (2013-2014), you are hereby ordered to report and submit to a mental and physical examination to be conducted by the following named physician at the date, time and place indicated.

**MENTAL AND PHYSICAL EXAMINATION**

**Mark Sylvester, M.D.  
6320 Venture Dr. Ste. 202  
Lakewood Ranch, FL 34202  
(941) 363-0878**

**ON**

**Monday, March 23, 2015 @ 10:15 a.m.**

The above-directed mental and physical examination is for the purpose of obtaining examination reports and expert opinion and testimony concerning your ability to practice nursing with reasonable skill and safety pursuant to Section 464.018(1)(j), Florida Statutes (2013-2014), and for introduction into evidence at any administrative hearing to be conducted on any administrative complaint filed against you which may allege a violation of Section 464.018(1)(j) Florida Statutes (2013-2014). This order is predicated upon the following Findings of Fact and Conclusions of Law.

#### FINDINGS OF FACT

1. At all times material to this order, Charlene Paul, LPN, (Ms. Paul) was licensed as a practical nurse in the State of Florida, pursuant to Chapter 464, Florida Statutes, and was employed at The Willough at Naples (WN) located at 9001 Tamiami Trail East, Naples, Florida 34113.
2. On or about June 25, 2014, WN selected Ms. Paul for random drug screen. The test returned positive for marijuana metabolite.
3. Marijuana contains cannabis. According to Section 893.03(1), Florida Statutes (2013-2014), cannabis is a Schedule I controlled substance that has a high potential for abuse and has no currently accepted medical use in treatment in Florida and in its use under medical supervision does not

meet accepted safety standards.

4. On or about June 26, 2014, WN informed Ms. Paul of her positive drug screen result.

5. On or about June 27, 2014, Ms. Paul returned to WN to collect her paycheck and give her two-week notice of intent to resign. Ms. Paul has not reported to WN for work since.

6. Because of Ms. Paul's positive drug screen for marijuana metabolite and subsequent failure to report to work for the duration of her two week notice, a thorough and complete mental and physical examination of Ms. Paul is necessary to protect the public and to ensure that she is able to practice as a practical nurse with reasonable skill and safety.

#### CONCLUSIONS OF LAW

1. The Department of Health, by and through the State Surgeon General, has jurisdiction over this matter pursuant to Chapters 456 and 464, Florida Statutes (2013-2014).

2. Section 464.018(1)(j), Florida Statutes (2013-2014), states, in pertinent part, that "the department shall have, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice nursing because


of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department.”

3. Based on the foregoing Findings of Fact, the State Surgeon General, through his undersigned designee, concludes that probable cause exists to believe Ms. Paul is unable to practice nursing with reasonable skill and safety to patients, pursuant to Section 464.018(1)(j) Florida Statutes (2013-2014).

4. In accordance with the authority vested in the Department of Health under Chapters 456 and 464, Florida Statutes, the State Surgeon General, through his undersigned designee, concludes that Section 464.018(1)(j) Florida Statutes (2013-2014), should be enforced.

DONE and ORDERED by the Department of Health on this 15<sup>th</sup> day of August, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General

  
Martin Stubblefield  
Deputy Secretary for Administration

In Re: The Order Compelling Examination of  
Charlene Paul, L.P.N.  
License Number PN 5207616  
Case Number 2014-11653

Lindsay Wells Grogan  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088564  
(850) 245 – 4444 x8167 Telephone  
(850) 245 – 4662 Facsimile



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT OF SERVICE OR DILIGENT SEARCH**

Florida Department of Health, Petitioner

vs

Case No. 201411653

Charlene Paul, LPN, Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

- 1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.
- 2) That on February 18, 2015, Affiant made a diligent effort to locate Respondent, to serve:

- Administrative Complaint and related papers
- Order compelling examination(s)
- Subpoena(s)
- Final order
- Notice to cease and desist
- ESO and related papers
- Other:

3) Check applicable answer below:

- Affiant made personal service on Respondent's attorney of record, Thomas Dickens, at 517 E. College Avenue, Tallahassee, Florida 32301, on February 18, 2015.
- Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent in the DOH investigation of the case; (b) all official addresses shown for Respondent in his/her licensing records on the computer terminal or Board Office; (c) local telephone company for the last area Respondent was known to frequent; (d) Division of Drivers' Licenses; and (d) utilities (electric, cable, etc.); any others:

J. Lauren Kennedy  
Affiant

State Of Florida  
County Of Leon

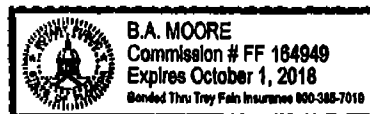
Before me, personally appeared J. Lauren Kennedy whose identity is known to me by personal (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 20<sup>th</sup> day of February 2015.

B.A. Moore  
Notary Public-State of Florida

My Commission Expires

\_\_\_\_\_  
Type or Print Name



ELECTION OF RIGHTS

DOH v. Charlene Paul, L.P.N.

Case No. 2014-11653

Please sign and complete all of the information below:

I received notice of the Administrative Complaint on the following date: 28 JAN 15

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

OPTION 1. I do not dispute the allegations of material fact in the Administrative Complaint. I do wish to be afforded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. X I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

4, 5, 6, 7, 8, 9, 10, 12, 13

Respondent's Signature
Address:

Attorney/Qualified Representative\*
Address: 517 E. College Ave

Lic. No.:

Phone No.: 850-629-1322

Phone No.: Fax No.:

Fax No.: 850-221-2031

Email:

Email: H@dhhs.fl.gov

STATE OF FLORIDA
COUNTY OF

\*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared \_\_\_\_\_, whose identity is known to me, or who produced \_\_\_\_\_ (type of identification) as identification, and who acknowledges that his/her signature appears above. Sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Notary Public-State of Florida

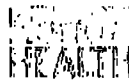
My Commission Expires

Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Lindsay Wells Grogan, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444 ext. 8167; FAX (850) 245-4662; TDD 1-800-955-8771

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State In the Nation

February 18, 2015

Mark Sylvester, M.D.  
Comprehensive MedPsych Systems  
6320 Venture Dr., Suite 202  
Lakewood Ranch, Florida 34202

Re: Charlene Paul, L.P.N.; Complaint No. 2014-11653

Dear Dr. Sylvester:

Thank you very much for agreeing to evaluate the above-referenced medical professional on **Monday, March 23, 2015 @ 10:15 a.m.** The Department of Health is currently reviewing allegations that this medical professional may be unsafe to practice his/her profession due to impairment.

**If you determine that the Subject is unsafe to practice, please contact the attorney, Lindsay Wells Grogan, immediately at 850-245-4444, ext. 8167, so he can begin preparing his recommendation for emergency action to protect the public from harm.**

**Please add a conclusion/summary which clearly states whether you believe the subject is safe to practice in his/her profession according to the results of your evaluation. Please clearly state the reason for your opinion.**

**REVIEW MATERIALS**

The materials being provided by the Department for your review include the investigative report and exhibits, including available medical records.

If you cannot read any material parts of the medical records or information provided, or if additional information (interviews, medical records, X-rays, etc.) is required before you can render an opinion, please send a FAX outlining your needs to Melba L. Apellaniz at FAX # (850) 245-4662.

Florida statutes prevent "peer review" from being used in administrative proceedings, thus we do not want you to review or consider any such materials. If you accidentally receive any peer review records, please call us immediately so we can decide how to proceed. If you review the peer review material, it makes you ineligible to provide an opinion and testimony in the case.

## **REPORT FORMAT**

The issues that the Department would like you to address and assess include the following:

1. **Diagnosis (AXIS I-V)**  
Rule out substance abuse or any other mental health problem that would interfere with licensee's ability to safely practice his/her profession.
2. **Pertinent chemical dependency history**, such as diversion, types of drugs used, etc.
3. **Status and stability of recovery**, previous chemical dependency or psychiatric treatment, if applicable.
4. **Assessment of ability to safely practice his/her profession**. Please consider:
  - a. Problem solving ability
  - b. Cognitive functioning
  - c. Sound judgment
  - d. Ability to cope with stressful situation
  - e. Decision-making in a crisis
  - f. Mental status
5. **Physical status-current health**, chronic pain diagnosis, propensity for physical cravings for drugs or alcohol.
6. **Degree of other life stressors**; for example, financial, social, marital, emotional, psychiatric or employment related.
7. **Level of stress and job satisfaction**, including job description and responsibility.
8. **Support systems**.
9. **Please assess the need for any type of structured treatment**. If you recommend treatment, please be specific.
10. Please add a **conclusion/summary** which **clearly states** whether you believe the subject is **safe to practice in his/her profession** according to the results of your evaluation. Please **clearly state the reason for your opinion**.

## **AFTER YOUR REVIEW**

**Please address your evaluation, and a current copy of your Curriculum Vitae to the following:**

- **By Fax:** (850) 245-4662 – **ATTN:** Melba L. Apellaniz
- **By Mail:**  
Melba L. Apellaniz, Regulatory Specialist II  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265

You should retain this letter and the enclosed materials pending notification from the Department regarding the disposition of this matter.

**Please be advised that your testimony may be needed at a later date should a formal hearing be necessary to resolve the allegations in this case. Please provide us with the most direct way to contact you (email, back-line, cell phone, etc.) should the need arise for follow-up questions/discussion of your review.**

**CONFIDENTIALITY**

Materials submitted are confidential and should not be discussed with anyone except members of the Department legal staff, unless prior approval from the Department is secured.

The identity of any patient referenced in this case must remain confidential throughout both your expert report and any proceedings that may follow as a result of this action. Please use only the initials of the patient any time a reference to the patient is required in your report or any future correspondence.

If you would like to discuss any aspect of this case, please feel free to call the attorney directly at 850-245-4444, ext. 8167. The Department would like to thank you in advance for your time and effort spent in the review of this matter.

Sincerely,

Melba L. Apellaniz, RS II  
Department of Health  
Prosecution Services Unit



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

In Re: The Order Compelling Examination of  
Charlene Paul, L.P.N.  
License Number PN 5207616  
Case Number 2014-11653

ORDER COMPELLING AN EXAMINATION

The Department of Health (Department) is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes (2013); and Chapters 456 and 464, Florida Statutes (2013-2014).

For probable cause shown and pursuant to the authority vested in the Department by Chapter 464, Florida Statutes (2013-2014), you are hereby ordered to report and submit to a mental and physical examination to be conducted by the following named physician at the date, time and place indicated.

MENTAL AND PHYSICAL EXAMINATION

**Mark Sylvester, M.D.  
6320 Venture Dr. Ste. 202  
Lakewood Ranch, FL 34202  
(941) 363-0878**

**ON  
Monday, March 23, 2015 @ 10:15 a.m.**

The above-directed mental and physical examination is for the purpose of obtaining examination reports and expert opinion and testimony concerning your ability to practice nursing with reasonable skill and safety pursuant to Section 464.018(1)(j), Florida Statutes (2013-2014), and for introduction into evidence at any administrative hearing to be conducted on any administrative complaint filed against you which may allege a violation of Section 464.018(1)(j) Florida Statutes (2013-2014). This order is predicated upon the following Findings of Fact and Conclusions of Law.

#### FINDINGS OF FACT

1. At all times material to this order, Charlene Paul, LPN, (Ms. Paul) was licensed as a practical nurse in the State of Florida, pursuant to Chapter 464, Florida Statutes, and was employed at The Willough at Naples (WN) located at 9001 Tamiami Trail East, Naples, Florida 34113.
2. On or about June 25, 2014, WN selected Ms. Paul for random drug screen. The test returned positive for marijuana metabolite.
3. Marijuana contains cannabis. According to Section 893.03(1), Florida Statutes (2013-2014), cannabis is a Schedule I controlled substance that has a high potential for abuse and has no currently accepted medical use in treatment in Florida and in its use under medical supervision does not



meet accepted safety standards.

4. On or about June 26, 2014, WN informed Ms. Paul of her positive drug screen result.

5. On or about June 27, 2014, Ms. Paul returned to WN to collect her paycheck and give her two-week notice of intent to resign. Ms. Paul has not reported to WN for work since.

6. Because of Ms. Paul's positive drug screen for marijuana metabolite and subsequent failure to report to work for the duration of her two week notice, a thorough and complete mental and physical examination of Ms. Paul is necessary to protect the public and to ensure that she is able to practice as a practical nurse with reasonable skill and safety.

#### CONCLUSIONS OF LAW

1. The Department of Health, by and through the State Surgeon General, has jurisdiction over this matter pursuant to Chapters 456 and 464, Florida Statutes (2013-2014).

2. Section 464.018(1)(j), Florida Statutes (2013-2014), states, in pertinent part, that "the department shall have, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice nursing because

of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department.”

3. Based on the foregoing Findings of Fact, the State Surgeon General, through his undersigned designee, concludes that probable cause exists to believe Ms. Paul is unable to practice nursing with reasonable skill and safety to patients, pursuant to Section 464.018(1)(j) Florida Statutes (2013-2014).

4. In accordance with the authority vested in the Department of Health under Chapters 456 and 464, Florida Statutes, the State Surgeon General, through his undersigned designee, concludes that Section 464.018(1)(j) Florida Statutes (2013-2014), should be enforced.

DONE and ORDERED by the Department of Health on this 15<sup>th</sup> day of

December, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General

J. Martin Stubblefield  
Deputy Secretary for Administration

In Re: The Order Concerning Examination of  
Charlene Paul, L.P.N.  
License Number PN 5207616  
Case Number 2014-11653

Lindsay Wells Grogan  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088564  
(850) 245 – 4444 x8167 Telephone  
(850) 245 – 4662 Facsimile



STATE OF FLORIDA  
**DEPARTMENT OF HEALTH**  
**INVESTIGATIVE REPORT**

Office: VIII – Ft. Myers	Date of Case: 7/22/14	Case Number: 201411653
Subject: CHARLENE PAUL, LPN 2200 Greenback Circle, Apt. 102 Naples, FL 34112* 754-423-0840 (c)	Source: STACEY PALAIA, RN/DON The Willough at Naples 9001 Tamiami Trail E Naples, FL 34113 239-775-4500	
Related Case(s): NONE	Date and Type of Report: 1/29/15 SUPPLEMENTAL 4	
Alleged Violation: FS 456.072(k)(z)(aa)(dd) and 464.018(1)(j)(o)		
Synopsis: This supplemental is predicated upon the receipt of a request from PSU ALYSON MOTES for LINDSAY WELLS GROGAN, Esq. for service of an Administrative Complaint, (AC) to CHARLENE PAUL, LPN.		
EXHIBITS:		
EXHIBIT S4-1 is the request from PSU .....page 2		
EXHIBIT S4-2 is the affidavit of service .....page 3		
INVESTIGATOR NOTE:		
Investigator MARIE HAYES served the AC to DERRICK CHAPELL, significant other of CHARLENE PAUL on 1/28/15 at 2060 Estey Avenue, Naples FL 34104.		
<p>Received Investigative Services FEB 03 2015 DOH/MQA Tallahassee HQ</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">15 FEB -4 AM 7:26 RECEIVED-LEGAL</p>		
*PAUL gave her address in Supplemental 1 as 2060 Estey Avenue, Naples, FL 34104.		
Investigator/Date: <i>1-29-15</i> Caroline Burt Medical Quality Assurance Investigator, FI-77	Approved By/Date: <i>1.30.15</i> <i>Kelley Collins</i> Kelley Collins Investigations Manager, FI-73	
Distribution: HQ/ISU	Page 1	

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**PSU REQUEST FORM**

FROM: K. Carraway for Lindsay Wells Grogan, Esq.	TO: ISU Judy Nichols
Date: 1/21/2015	TO: CSU
Phone #: 850-245-4444 ext 8167	CC: Caroline Burt

Case Number: 2014-11653	Board: EAU	Status: 67
Subject: Charlene Paul	HL Code: HLL118a	
Requested Completion Date: ASAP		

**(PSU) TYPE OF REQUEST:** (describe details below)

Process Service\* (Activity Code 160)

Additional Information Requested (Activity Code 145)

Deficiency in Investigative Work (Activity Code 150)

**Details:** Please hand serve.

\*The following additional information is needed for each service request:

Last Known Address      Last Known Name & Phone Number:  
 Last Known Place of Employment & Address if Known:  
 Has Contact Been Made With This Individual? YES  No ; if Yes, When? \_\_\_\_\_

Was this case originally worked by CSU or in an area office different from where this service request is being sent?  
 YES \*\* No  NOTE: All process service requests need to be sent to appropriate field office.  
 \*\*IF YES, please send a copy of the original investigative Report without attachments.

**(ISU/CSU) RESPONSE:**

Process Service Completed (Activity Code 161)  Process Service NOT Completed (Activity Code 162)

Additional Info Sent to Legal (Activity Code 156)

Supp. Investigation Request Cancelled (Activity Code 157)

<b>Email to:</b>	<u>Tallahass</u>	<u>Alach</u>	<u>Jacksonvi</u>	<u>St.</u>	<u>Tamp</u>	<u>Orland</u>	<u>Ft.</u>	<u>West</u>	<u>Ft.</u>	<u>Miam</u>
<u>Pensacol</u>	<u>ee</u>	<u>ua</u>	<u>lle</u>	<u>Pete</u>	<u>a</u>	<u>o</u>	<u>Myers</u>	<u>Palm</u>	<u>Lauderdale</u>	<u>I</u>
<u>a</u>	<u>Consume</u>									
	<u>I</u>									
	<u>Services</u>	<u>ULA</u>								

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**AFFIDAVIT OF SERVICE OR DILIGENT SEARCH**

FLORIDA DEPARTMENT OF HEALTH

Petitioner

Case No. 201416653

vs

CHARLENE PAUL, LPN

Respondent

COMES NOW, the affiant, who first being duly sworn, deposes and states:

1) Affiant is an Investigator/Inspector employed by the DEPARTMENT OF HEALTH, State of Florida.

2) That on January 28, 2015, Affiant made a diligent effort to locate Respondent, to serve  Administrative Complaint and related papers;  Order compelling examination(s);  Subpoena(s);  Final order;  Notice to cease and desist;  ESO/ERO and related papers.

3) Check applicable answer below:

Affiant made personal service on Respondent, or on some person at Respondent's usual place of abode over the age of 15 residing there, on January 28, 2015 at 2060 Estey Avenue, Naples, FL 34104.

Affiant was unable to make service after searching for Respondent at: (a) all addresses for Respondent shown in the DOH investigation of the case; (b) all official addresses for Respondent shown in his licensing records on the computer terminal or Board office; (c) Local telephone company for the last area Respondent was known to frequent; (d) Division of Drivers Licenses; and (e) Utilities (electric, cable, etc.); any others: \_\_\_\_\_

Marie Hayes  
Affiant

State Of Florida  
County Of Lee

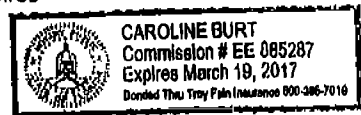
Before me, personally appeared Marie Hayes whose identity is known to me by \_\_\_\_\_ personally \_\_\_\_\_ (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 29 day of January 2015.

Caroline Burt  
Notary Public-State of Florida

My Commission Expires \_\_\_\_\_

Caroline Burt  
Type or Print Name



**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

January 28, 2015

Dickens Reid, PLLC  
Thomas Dickens, Esq.  
517 E. College Avenue  
Tallahassee, FL 32301

Re: DOH v. Charlene Paul L.P.N., Case No. 2014-11653

Dear Mr. Dickens

Pursuant to section 456.073(10), Florida Statutes, you requested a copy of the Department's investigative file prior to the submission of this matter to the probable cause panel. Section 456.073(10), Florida Statutes, provides in part:

The complaint and all information obtained pursuant to the investigation by the department are confidential and exempt from s. 119.07(1) until 10 days after probable cause has been found to exist by the probable cause panel or by the department, or until the regulated professional or subject of the investigation waives his or her privilege of confidentiality, whichever occurs first. Upon completion of the investigation and a recommendation by the department to find probable cause, and pursuant to a written request by the subject or the subject's attorney, the department shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward to the subject a copy of the investigative file. Notwithstanding s. 456.057, the subject may inspect or receive a copy of any expert witness report or patient record connected with the investigation if the subject agrees in writing to maintain the confidentiality of any information received under this subsection until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to s. 456.057

Attached for your review is an Acknowledgement of and Agreement to Maintain Patient Confidentiality. Please sign and return the enclosed form to my office as soon as possible. The signed confidentiality agreement will be placed in our file.

Upon receipt of this form, and a determination by the Department to recommend that an Administrative Complaint be filed, a copy of the investigative file, including any expert witness report or patient record, will be forwarded to you for review. Our office will not make duplicates of any x-rays contained within the investigative file unless specifically requested to do so. You will have twenty (20) days from the date of mailing to file your response with the Department, unless an extension is granted by the attorney handling this matter.

**Florida Department of Health**

Office of the General Counsel  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265  
Express mail address: 2585 Merchants Row - Suite 105  
PHONE: 850/245/4444, ext 8144 • FAX: 850/245/4662

**www.FloridasHealth.com**

TWITTER: HealthFLA  
FACEBOOK: FL.DepartmentofHealth

Charlene Paul, L.P.N.  
Page 2

However, please note that the Department is only required to provide a copy of the investigative file after the investigation has been completed and only if the Department is recommending an Administrative Complaint. A copy of the file will not be provided if the Department recommends closure of the complaint.

If you have any questions, please call me at (850) 245-4444, extension 8167.

Sincerely,



Lindsay Wells Grogan  
Assistant General Counsel

LWG/kc

Enclosure: Confidentiality Agreement



**Acknowledgement of and  
Agreement to Maintain Patient Confidentiality**

I, \_\_\_\_\_, am the Subject of an investigation by the Department of Health. As the Subject of such an investigation, I am entitled to inspect or receive a copy of the investigative report, including any expert witness report or patient records connected with the investigation pursuant to Section 456.073(10), Florida Statutes, if I agree in writing to maintain the confidentiality of any information received under this provision. until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to Section 456.057, Florida Statutes.

**I understand the cost associated with duplicating x-rays and I want ( ) do not want ( ) to receive a copy of any x-rays that are contained within the investigative file.**

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Charlene Paul, L.P.N  
2014-11653

~ or ~

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_, on behalf of Charlene Paul, L.P.N

\_\_\_\_\_  
Thomas Dickens, Esq  
Counsel of Record  
2014-11653



Florida Department of Health  
Office of the General Counsel  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-1701

**CERTIFIED MAIL**



7196 9006 9111 1366 2539



LEGAL  
2015 JAN 20 AM 1:03

Charlene's Post, L.P.N.  
2260 Greenback Circle, Apt 102  
Naples, FL 34112

*NL/12-20*

01332281752

# DICKENS REID Partners at Law

Thomas L. Dickens, III  
tdl@dickensreid.com

John Laurance Reid  
jlr@dickensreid.com

17100  
Tallahassee, FL 32301  
T: (850) 629-4662  
F: (850) 629-4663

January 28, 2015

**Via E-mail and Facsimile: 850-245-4662**

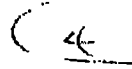
Ms. Lindsay Grogan  
Florida Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way  
Tallahassee, FL 32399

Re: DOH v. Paul; Case No. 2014-11653

Dear Ms. Grogan:

I have been retained by Charlene Paul, L.P.N. in the above referenced matter and to that end, I am submitting the attached confidentiality agreement executed on her behalf. Also, I'm looking forward to sitting down next week to discuss the case with you. In the meantime, if you have any questions or concerns, please don't hesitate to call me.

Respectfully



Thomas L. Dickens, III

**Acknowledgment of and  
Agreement to Maintain Patient Confidentiality**

I, Thomas Dickens, am the Subject of an investigation by the Department of Health.  
As the Subject of such an investigation, I am entitled to inspect or receive a copy of the investigative report, including any expert witness report or patient records connected with the case, pursuant to Section 456.073(10), Florida Statutes, if I agree in writing to maintain the confidentiality of the information received under this provision until 10 days after probable cause is found and to accept the confidentiality of patient records pursuant to Section 456.057, Florida Statutes.


I understand the cost associated with duplicating x-rays and I want ( ) do not want ( ) to receive a copy of any x-rays that are contained within the Investigative file.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

Charlene Paul, L.P.N.  
2014-11653

~ or ~

SIGNED this 22 day of January, \_\_\_\_\_, 2013, on behalf of Charlene Paul, L.P.N.

  
\_\_\_\_\_  
Thomas Dickens, Esq.  
Counsel of Record  
2014-11653

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Vision:** To be the Healthiest State in the Nation

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

December 17, 2014

Charlene Paul, L.P.N.  
2200 Greenback Circle, Apt 102  
Naples, FL 34112

**Certified Article Number**

7196 9008 9111 1388 2639

**SENDERS RECORD**


RE: Department of Health vs. Charlene Paul, L.P.N.  
Case No. 2014-11653

Dear Ms. Paul:

Enclosed please find a copy of an Administrative Complaint that has been filed against your license by the Department of Health. An Election of Rights form and an Explanation of Rights form are also provided.

Please review the attached documents and return the Election of Rights form to my attention. You **must** sign the Election of Rights form, with your signature notarized, and return the completed form to my office within twenty-one (21) days of the date you received it. Failure to return this form within twenty-one days may result in the entry of a default judgment against you without hearing your side of the case.

Sincerely,

  
Lindsay Wells Grogan  
Assistant General Counsel  
(850) 245-4444 Ext. 8167

Enclosures

**Florida Department of Health**  
Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bldg C-65 • Tallahassee, FL 32399-3562  
Express mail address: 2685 Merchants Row – Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4662

**www.FloridasHealth.com**  
TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2014-11653**

**CHARLENE PAUL, L.P.N.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

Petitioner, Department of Health, by and through undersigned counsel, files this Administrative Complaint before the Board of Nursing against Respondent, Charlene Paul, L.P.N., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Chapters 20.43, Florida Statutes (2013-2014); Chapter 456, Florida Statutes (2013-2014); and Chapter 464, Florida Statutes (2013-2014).

2. At all times material to this Complaint, Respondent was licensed to practice nursing within the State of Florida, having been issued license number PN 5207616.

3. Respondent's address of record is 2200 Greenback Circle, Apartment 102, Naples, Florida 34112.

4. At all times material to the Order, Respondent was employed at The Willough at Naples (WN) located at 9001 Tamiami Trail East, Naples, Florida 34113.

5. On or about November 5, 2014, S.P., M.D., conducted a Department-ordered evaluation of Respondent.

6. Dr. S.P. diagnosed Respondent with marijuana abuse.

7. Marijuana contains cannabis. According to Section 893.03(1), Florida Statutes (2013-2014), cannabis is a Schedule I controlled substance that has a high potential for abuse and has no currently accepted medical use in treatment in Florida and in its use under medical supervision does not meet accepted safety standards.

8. Dr. S.P. opined that Respondent cannot practice as a LPN with reasonable skill and safety and recommended that she enter an Intervention Project for Nurses (IPN) extended diagnostic contract.

9. IPN is the impaired practitioner program for the Board of Nursing, pursuant to Section 456.076, Florida Statutes (2014). IPN monitors the evaluation, care and treatment of impaired nurses. IPN oversees random

drug screens and provides for the exchange of information between treatment providers, evaluators and the Department for the protection of the public.

10. As of the date of this Complaint, Respondent has not contacted IPN.

11. Section 464.018(1)(j), Florida Statutes (2013-2014), subjects a practical nurse to discipline for “[b]eing unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics or chemicals or any other type of material or as a result of any mental or physical condition.”

12. Respondent is unable practice nursing with reasonable skill and safety to patients due to marijuana abuse.

13. Based on the foregoing, Respondent violated Section 464.018(1)(j), Florida Statutes (2013-2014), by being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics or chemicals or any other type of material or as a result of any mental or physical condition.

WHEREFORE, Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties:




permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED** this 17<sup>th</sup> day of December, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK **Angel Sanders**  
DATE **DEC 17 2014**

  
Lindsay Wells Grogan  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088564  
(850) 245 – 4444 x8167  
Telephone  
(850) 245 – 4662 Facsimile

PCP Date: December 16, 2014  
PCP Members: Sandra Walker Nichols, Jody Bryant Newman (Quorum)

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition any other discipline imposed.**

ELECTION OF RIGHTS

DOH v. Charlene Paul, L.P.N.

Case No. 2014-11653

Please sign and complete all of the information below:

I received notice of the Administrative Complaint on the following date: \_\_\_\_\_

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

OPTION 1. \_\_\_\_\_ I do not dispute the allegations of material fact in the Administrative Complaint. I do wish to be afforded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. \_\_\_\_\_ I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

\_\_\_\_\_  
\_\_\_\_\_

Respondent's Signature  
Address: \_\_\_\_\_

Attorney/Qualified Representative<sup>a</sup>  
Address: \_\_\_\_\_

Lic. No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

\*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared \_\_\_\_\_, whose identity is known to me, or who produced \_\_\_\_\_ (type of identification) as identification, and who acknowledges that his/her signature appears above.

Sworn to or affirmed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public-State of Florida

My Commission Expires \_\_\_\_\_

Type or Print Name \_\_\_\_\_

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Lindsay Wells Grogan, Assistant General Counsel, DOI, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444 ext. 8167; FAX (850) 245-4662; TDD 1-800-955-8771

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

EXPLANATION OF RIGHTS

In the event that you fail to make an election in this matter within twenty-one (21) days from receipt of the Administrative Complaint, your failure to do so may be considered a waiver of your right to elect a hearing in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code ("F.A.C."), and the Board may proceed to hear your case.

In response to the allegations set forth in the Administrative Complaint issued by the Department of Health, hereinafter referred to as the Department, you should make **ONE** of the following elections within **twenty-one (21) days** from the date of receipt of the Administrative Complaint. Please make your election on the attached Election of Rights form and return it completed and signed before a notary to the address listed on the form.

**OPTION 1: If you do not dispute any material fact alleged in the Administrative Complaint, you should select Option 1.**

Once the Department receives your Election of Rights that does not dispute any material facts in the Administrative Complaint, you will receive a letter acknowledging your election and informing you of the options available to resolve your case.

**OPTION 2: If you dispute any material fact alleged in the Administrative Complaint, you may request a formal hearing and the appointment of an Administrative Law Judge to be furnished by the Division of Administrative Hearings, pursuant to Section 120.569(2)(a), Florida Statutes, by selecting Option 2 on the Election of Rights form.**

You must indicate which facts you dispute in the Administrative Complaint pursuant to Rule 28-106.2015(5), F.A.C.

If you elect a formal hearing, you must keep the Department informed as to your current mailing address. Failure to do so may be considered a waiver of your right to a formal hearing.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

In Re: Emergency Restriction of the License of  
Charlene Paul, L.P.N.  
License No.: PN 5207616  
Case Number: 2014-11653

**ORDER OF EMERGENCY RESTRICTION OF LICENSE**

John H. Armstrong, MD, FACS, State Surgeon General and Secretary of Health, ORDERS the emergency restriction of the license of Charlene Paul ("Ms. Paul") to practice as a practical nurse in the State of Florida. Ms. Paul holds license number PN 5207616. Her address of record is 2200 Greenback Circle, Apartment 102, Naples, Florida 34112. The following Findings of Fact and Conclusions of Law support the emergency restriction of Ms. Paul's license to practice as a practical nurse in the State of Florida.

**FINDINGS OF FACT**

1. The Department of Health ("Department") is the state agency charged with regulating the practice of nursing pursuant to Chapters 20, 456 and 464, Florida Statutes (2014). Section 456.073(8), Florida Statutes (2014), authorizes the State Surgeon General to summarily restrict Ms. Paul's license to practice as a practical nurse in the State of Florida, in accordance with Section 120.60(6), Florida Statutes (2014).

2. At all times material to this Order, Ms. Paul was licensed as a practical nurse in the State of Florida, pursuant to Chapter 464, Florida Statutes, having been issued license number 5207616.

3. At all times material to the Order, Ms. Paul was employed at The Willough at Naples (WN) located at 9001 Tamiami Trail East, Naples, Florida 34113.

4. On or about June 25, 2014, WN selected Ms. Paul for random drug screen. The test returned positive for marijuana metabolite.

5. Marijuana contains cannabis. According to Section 893.03(1), Florida Statutes (2013-2014), cannabis is a Schedule I controlled substance that has a high potential for abuse and has no currently accepted medical use in treatment in Florida and in its use under medical supervision does not meet accepted safety standards.

6. On or about June 26, 2014, WN informed Ms. Paul of her positive drug screen result.

7. On or about June 27, 2014, Ms. Paul returned to WN to collect her paycheck and give her two-week notice of intent to resign. Ms. Paul has not reported to WN for work since.

8. On or about November 5, 2014, S.P., M.D., conducted a Department-ordered evaluation of Ms. Paul.

9. Dr. S.P. diagnosed Ms. Paul with marijuana abuse.

10. Dr. S.P. opined that Ms. Paul cannot practice as a LPN with reasonable skill and safety and recommended that she enter an Intervention Project for Nurses (IPN) extended diagnostic contract.

11. IPN is the impaired practitioner program for the Board of Nursing, pursuant to Section 456.076, Florida Statutes (2014). IPN monitors the evaluation, care and treatment of impaired nurses. IPN oversees random drug screens and provides for the exchange of information between treatment providers, evaluators and the Department for the protection of the public.

12. As of the date of this Order, Ms. Paul has not contacted IPN.

13. In the course of their practice, licensed practical nurses have access to medications, including controlled substances, which have a high likelihood for abuse and harm. Licensed practical nurses must dispense and administer such drugs in a manner that is safe and effective for the patient. Because a practical nurse that is impaired by the use of marijuana

may not be capable of administering medications to, or caring for, patients in a manner that is correct and safe, Ms. Paul's continued unrestricted practice as a practical nurse presents a risk of immediate serious danger to the health, welfare and safety of the public.

14. An independent medical expert has determined that Ms. Paul is unsafe to practice nursing with reasonable skill and safety. Based on that expert's opinion and recommendation of the requirements Ms. Paul must complete in order to return to the practice of nursing with reasonable skill and safety to patients, there is no less-restrictive sanction than the terms outlined in this Order that will adequately protect the public. Because Ms. Paul's history of marijuana use affects her judgment and her ability to practice as a practical nurse, it is impossible to craft a less-restrictive sanction that would adequately protect the public from the danger posed by Ms. Paul's unrestricted practice of nursing.

#### CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the State Surgeon General concludes as follows:



1. The State Surgeon General has jurisdiction over this matter pursuant to Sections 20.43 and 456.073(8), Florida Statutes (2014), and Chapter 464, Florida Statutes (2014), as set forth above.

2. Section 464.018(1)(j), Florida Statutes (2014), authorizes the Board of Nursing to impose discipline, including restriction, against a licensee for being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics or chemicals or any other type of material or as a result of any mental or physical condition.

3. Ms. Paul violated Section 464.018(1)(j), Florida Statutes (2014), by being unable to practice nursing with reasonable skill and safety to patients due to marijuana abuse.

4. Section 120.60(6), Florida Statutes (2014), authorizes the State Surgeon General to summarily restrict a licensed practical nurse's license upon a finding that the licensed practical nurse presents an immediate, serious danger to the public health, safety or welfare.

5. Ms. Paul's continued unrestricted practice as a practical nurse constitutes an immediate, serious danger to the health, safety, or welfare


of the citizens of the State of Florida, and this summary procedure is fair under the circumstances to adequately protect the public.

**WHEREFORE**, in accordance with Section 120.60(6), Florida Statutes (2014), it is **ORDERED THAT**:

1. The license of Ms. Paul to practice nursing, license number PN 5207616, is immediately restricted to prohibit Ms. Paul from practicing as a nurse until the Intervention Project for Nurses notifies the Department that Ms. Paul is safe to resume the practice of nursing.

2. A proceeding seeking formal discipline of the license of Charlene Paul, LPN, to practice as a practical nurse in the State of Florida will be promptly instituted and acted upon in compliance with Sections 120.569 and 120.60(6), Florida Statutes (2014).

**DONE and ORDERED** this 26<sup>th</sup> day of November,  
2014.

  
\_\_\_\_\_  
John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

In Re: **Emergency Restriction of the License of  
Charlene Paul, L.P.N.  
License No.: PN 5207616  
Case No.: 2014-11653**

**PREPARED BY:  
Lindsay Wells Grogan  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088564  
(850) 245 – 4444 x8167 Telephone  
(850) 245 – 4662 Facsimile**

In Re: Emergency Restriction of the License of  
Charlene Paul, L.P.N.  
License No.: PN 5207616  
Case No.: 2014-11653

**NOTICE OF RIGHT TO JUDICIAL REVIEW**

Pursuant to Sections 120.60(6), and 120.68, Florida Statutes, the Department's findings of immediate danger, necessity, and procedural fairness shall be judicially reviewable. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings are commenced by filing a Petition for Review, in accordance with Florida Rule of Appellate Procedure 9.100, and accompanied by a filing fee prescribed by law with the District Court of Appeal, and providing a copy of that Petition to the Department of Health within thirty (30) days of the date this Order is filed.

## Motes, Alyson

---

**From:** Motes, Alyson  
**Sent:** Monday, December 01, 2014 2:50 PM  
**To:** DL MQA Inv Serv Priority Mail Area8 (FI) Ft.Myers  
**Cc:** Burt, Caroline  
**Subject:** Emergency Action

Good afternoon, attached is a supplemental for the service of the filed ERO on Charlene Paul, L.P.N., 2014-11653. Thank you for your assistance.



ERO

Supplemental 1...



Filed ERO

12.1.14.pdf

Alyson Motes, Regulatory Supervisor/Consultant  
Office of the General Counsel  
Prosecution Services Unit  
Florida Department of Health  
4052 Bald Cypress Way, Bin #C-65  
Tallahassee, FL 32399-3265  
(850) 245-4444 \* 8134

How am I communicating? Please contact my supervisor.

Effective October 1, 2013, email address for DOH will change to [firstname.lastname@flhealth.gov](mailto:firstname.lastname@flhealth.gov)

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

However, if this e-mail concerns anticipated or current litigation or adversarial administrative proceeding to which the Florida Department of Health is a party, this email is an attorney-client communication, and is, therefore, a limited access public document exempt from the provisions of Chapter 119, Florida Statutes.

See Section 119.071(d)1., Florida Statutes (2010).

DOH Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: Healthiest State in the Nation

Values: (ICARE)

**I**nnovation: We search for creative solutions and manage resources wisely.

**C**ollaboration: We use teamwork to achieve common goals & solve problems.

**A**ccountability: We perform with integrity & respect.

**R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.

**E**xcellence: We promote quality outcomes through learning & continuous performance improvement.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**PSU REQUEST FORM**

FROM: Alyson Motes for Lindsay Wells Grogan, Esq.	TO: ISU Judy Nichols, Ft. Myers Investigations Manager
Date: 12/1/14	TO: CSU
Phone #: (850) 245-4444 X 8167	CC: Caroline Burt

Case Number: 2014-11653	Board: Nursing	Status: 90
Subject: Charlene Paul, L.P.N.	HL Code: H1118A	
Requested Completion Date: ASAP		

**(PSU) TYPE OF REQUEST:** (describe details below)

- Process Service\* (Activity Code 160)
- Additional Information Requested (Activity Code 145)
- Deficiency in Investigative Work (Activity Code 150)

**Details:** Please serve the attached ERO. Thank you.

\*The following additional information is needed for each service request:

Last Known Address 2200 Greenback Circle, apartment 102, Naples, Florida 34112

Last Known Name & Phone Number: Charlene Paul, L.P.N., 754-423-0840.

Last Known Place of Employment & Address if Known:

Has Contact Been Made With This Individual? YES  No ; If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent? YES \*\* No  NOTE: All process service requests need to be sent to appropriate field office.

**\*\*IF YES, please send a copy of the original Investigative Report without attachments.**

**(ISU/CSU) RESPONSE:**

- Process Service Completed (Activity Code 161)  Process Service NOT Completed (Activity Code 162)
- Additional Info Sent to Legal (Activity Code 156)
- Supp. Investigation Request Cancelled (Activity Code 157)

<b>Email to:</b>	<u>Tallahass</u>	<u>Alach</u>	<u>Jacksonvi</u>	<u>St.</u>	<u>Tamp</u>	<u>Orland</u>	<u>Ft.</u>	<u>West</u>	<u>Ft.</u>	<u>Miam</u>
<u>Pensacol</u>	<u>ee</u>	<u>ua</u>	<u>lle</u>	<u>Pete</u>	<u>a</u>	<u>o</u>	<u>Myers</u>	<u>Palm</u>	<u>Lauderdale</u>	<u>i</u>
<u>a</u>										
	<u>Consum</u>									
	<u>r</u>									
	<u>Services</u>	<u>ULA</u>								

**\*\* Transmit Conf. Report \*\***

P. 1

Dec 2 2014 04:30pm

Fax/Phone Number	Mode	Start	Time	Page	Result	Note
99216847	Normal	02:04:30pm	0'29"	1	* 0 K	

**Mission:**  
To protect, promote & improve the health  
of all people in Florida through integrated  
state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
Surgeon General & Secretary

December 2, 2014

The Honorable Robert S. Cohen  
Chief Administrative Law Judge  
Division of Administrative Hearings  
1230 Apalachee Parkway  
Tallahassee, FL 32301

RE: Department of Health vs. Charlene Paul, L.P.N.  
Case Number: 2014-11653

Dear Judge Cohen:

This letter is to advise you that the Department has issued an Emergency Restriction Order concerning the license of **Charlene Paul, L.P.N.**, to practice as a licensed practical nurse in the State of Florida. An Administrative Complaint has not been issued in the above case. Therefore, this is not a request for a formal hearing.

This letter is sent to advise you of the action taken by the Department and to advise you of the possibility that the respondent may request an expedited hearing. The Department shall keep you advised of any developments. If you need additional information, please contact Lindsay Wells Grogan, Assistant General Counsel at (850) 245-4444.

Sincerely,

Alyson Motes  
Regulatory Consultant Supervisor  
Prosecution Services Unit

AM

**Florida Department of Health**  
Office of the General Counsel - Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-85 - Tallahassee, FL 32399-1701  
Express mail address: 2686 Merchants Row - Suite 105  
PHONE: 850/245-4444 • FAX: 850/245-4932

[www.FloridasHealth.com](http://www.FloridasHealth.com)  
TWITTER: HealthFLA  
FACEBOOK: FLDeptofHealth  
YOUTUBE: Health

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

December 2, 2014

The Honorable Robert S. Cohen  
Chief Administrative Law Judge  
Division of Administrative Hearings  
1230 Apalachee Parkway  
Tallahassee, FL 32301

RE: Department of Health vs. Charlene Paul, L.P.N.  
Case Number: 2014-11653

Dear Judge Cohen:

This letter is to advise you that the Department has issued an Emergency Restriction Order concerning the license of **Charlene Paul, L.P.N.**, to practice as a licensed practical nurse in the State of Florida. An Administrative Complaint has not been issued in the above case. Therefore, this is not a request for a formal hearing.

This letter is sent to advise you of the action taken by the Department and to advise you of the possibility that the respondent may request an expedited hearing. The Department shall keep you advised of any developments. If you need additional information, please contact Lindsay Wells Grogan, Assistant General Counsel at (850) 245-4444.

Sincerely,



Alyson Motes  
Regulatory Consultant Supervisor  
Prosecution Services Unit

AM

**Florida Department of Health**  
Office of the General Counsel • Prosecution Services Unit  
4062 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row - Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4862

**www.FloridasHealth.com**  
TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh



**Motes, Alyson**

---

**From:** FL-Rules@dos.state.fl.us  
**Sent:** Tuesday, December 02, 2014 4:24 PM  
**To:** Motes, Alyson  
**Subject:** Submit Notice in FAR

You have successfully submitted a notice for publication in the Florida Administrative Register on 12/2/2014 4:24:04 PM.

Department: Department of Health  
Organization: Board of Nursing  
Notice type: Miscellaneous  
Issue: 40/234

Once this notice is published you will be able to view it by clicking the following link:  
<http://www.FLRules.org/gateway/View Notice.asp?id=15341634>

You may contact the Florida Administrative Register office at (850)245-6270 for additional information.

@ItsWorkingFL: <https://twitter.com/ItsWorkingFL> The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to [www.fl500.com](http://www.fl500.com). The Department of State is committed to excellence. Please take our Customer Satisfaction Survey: <http://survey.dos.state.fl.us/index.aspx?email=fl.rules@dos.myflorida.com>

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**MEMORANDUM**

**TO:** Florida Administrative Weekly, Liz Cloud  
**FROM:** Alyson Motes, Compliance Officer  
**RE:** Charlene Paul, L.P.N., License # PN 5207616  
**CASE NO(S):** 2014-11653  
**DATE:** December 2, 2014 11:57# 15341434

Attached please find notice of the issuance of an Emergency Restriction Order for notice in the next issue of the Florida Administrative Registry.

On December 1, 2014, State Surgeon General issued an Order of Emergency Restriction of License with regard to the license of Charlene Paul, L.P.N., License # PN 5207616. This Emergency Restriction Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6) Florida Statutes. (2012-2014). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

**Florida Department of Health**  
Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bln C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row – Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4862

**www.FloridaHealth.com**  
TWITTER:HealthyFLA  
FACEBOOK:FLDepartmentofHealth  
YOUTUBE: fldoh

**SCOTT PERMESLY, M.D.**

**PSYCHOPHARMACOLOGY & PSYCHOTHERAPY**  
Diplomate American Board of Psychiatry & Neurology  
Certification in Child & Adolescent Psychiatry  
Certification in Adult Psychiatry

November 17, 2014

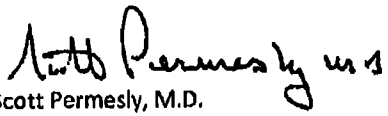
Ms. Lindsay Wells Grogan, Esq.  
Florida Department of Health  
Prosecution Services Unit  
Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265

RE: CP, LPN  
Case Number: 2014-11653

Dear Ms. Grogan,

Per our discussion on November 17, 2014 regarding the evaluation of CP, LPN on November 5, 2014, I write to clarify the conclusion of "I find Ms. Paul safe to practice her profession while under an IPN-extended diagnostic contract." This is to mean CP is not safe to practice with the necessary skill and safety as a licensed practical nurse unless and until she completes the requested treatment recommendations.

Sincerely,

  
Scott Permesly, M.D.

Phone 941.365.8813  
Fax 941.365.8808  
2055 Wood Street, Suite 210  
Sarasota, Florida 34237

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

FLORIDA  
DEPARTMENT OF  
HEALTH

**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

September 5, 2014

Scott Permesly, M.D.  
2055 Wood St., Suite 210  
Sarasota, FL 34239

Re: Charlene Paul, L.P.N.; Complaint No. 2014-11653

Dear Dr. Permesly:

Thank you very much for agreeing to evaluate the above-referenced medical professional on **Wednesday, November 5, 2014 @ 11:30 a.m.** The Department of Health is currently reviewing allegations that this medical professional may be unsafe to practice his/her profession due to impairment.

**If you determine that the Subject is unsafe to practice, please contact the attorney, Lindsay Wells Grogan, immediately at 850-245-4444, ext. 8167, so she can begin preparing her recommendation for emergency action to protect the public from harm.**

**Please add a conclusion/summary which clearly states whether you believe the subject is safe to practice in his/her profession according to the results of your evaluation. Please clearly state the reason for your opinion.**

**REVIEW MATERIALS**

The materials being provided by the Department for your review include the investigative report and exhibits, including available medical records.

If you cannot read any material parts of the medical records or information provided, or if additional information (interviews, medical records, X-rays, etc.) is required before you can render an opinion, please send a FAX outlining your needs to Melba L. Apellaniz at FAX # (850) 245-4662.

Florida statutes prevent "peer review" from being used in administrative proceedings, thus we do not want you to review or consider any such materials. If you accidentally receive any peer review records, please call us immediately so we can decide how to proceed. If you review the peer review material, it makes you ineligible to provide an opinion and testimony in the case.

## **REPORT FORMAT**

The issues that the Department would like you to address and assess include the following:

1. Diagnosis (AXIS I-V)  
Rule out substance abuse or any other mental health problem that would interfere with licensee's ability to safely practice his/her profession.
2. Pertinent chemical dependency history, such as diversion, types of drugs used, etc.
3. Status and stability of recovery, previous chemical dependency or psychiatric treatment, if applicable.
4. Assessment of ability to safely practice his/her profession. Please consider:
  - a. Problem solving ability
  - b. Cognitive functioning
  - c. Sound judgment
  - d. Ability to cope with stressful situation
  - e. Decision-making in a crisis
  - f. Mental status
5. Physical status-current health, chronic pain diagnosis, propensity for physical cravings for drugs or alcohol.
6. Degree of other life stressors; for example, financial, social, marital, emotional, psychiatric or employment related.
7. Level of stress and job satisfaction, including job description and responsibility.
8. Support systems.
9. Please assess the need for any type of structured treatment. If you recommend treatment, please be specific.
10. Please add a **conclusion/summary** which **clearly states** whether you believe the subject is **safe to practice in his/her profession** according to the results of your evaluation. Please **clearly state the reason for your opinion.**

## **AFTER YOUR REVIEW**

**Please address your evaluation, and a current copy of your Curriculum Vitae to the following:**

- **By Fax:** (850) 245-4662 – **ATTN:** Melba L. Apellaniz
- **By Mail:**  
Melba L. Apellaniz, Regulatory Specialist II  
Department of Health  
Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, FL 32399-3265

You should retain this letter and the enclosed materials pending notification from the Department regarding the disposition of this matter.

**Please be advised that your testimony may be needed at a later date should a formal hearing be necessary to resolve the allegations in this case. Please provide us with the most direct way to contact you (email, back-line, cell phone, etc.) should the need arise for follow-up questions/discussion of your review.**

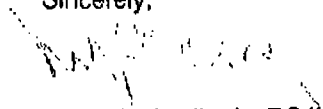
**CONFIDENTIALITY**

Materials submitted are confidential and should not be discussed with anyone except members of the Department legal staff, unless prior approval from the Department is secured.

The identity of any patient referenced in this case must remain confidential throughout both your expert report and any proceedings that may follow as a result of this action. Please use only the initials of the patient any time a reference to the patient is required in your report or any future correspondence.

If you would like to discuss any aspect of this case, please feel free to call the attorney directly at 850-245-4444, ext. 8167. The Department would like to thank you in advance for your time and effort spent in the review of this matter.

Sincerely,



Melba L. Apellaniz, RS II  
Department of Health  
Prosecution Services Unit



## Shipment Receipt

**Address Information**

**Ship to:**  
 Scott Permesly, MD  
 2055 WOOD ST  
 STE 210  
 SARASOTA, FL  
 342377929  
 US  
 9413658813

**Ship from:**  
 Melba Apellaniz  
 Department of Health  
 2585 Merchants Way, Suite  
 125  
 Tallahassee, FL  
 32399  
 US  
 8502454640

**Shipment Information:**

Tracking no.: 771057235641  
 Ship date: 09/05/2014  
 Estimated shipping charges: 5.53

**Package Information**

Pricing option: FedEx Standard Rate  
 Service type: FedEx 2-Day  
 Package type: FedEx Pak  
 Number of packages: 1  
 Total weight: 3 LBS  
 Declared Value: 0.00 USD  
 Special Services:  
 Pickup/Drop-off: Drop off package at FedEx location

**Billing Information:**

Bill transportation to: chas-963  
 Your reference: 64750301017  
 P.O. no.:  
 Invoice no.: Case Review 14-11294, 11653  
 Department no.:

Thank you for shipping online with FedEx ShipManager at [fedex.com](http://fedex.com).

**Please Note**

FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misclassification, unless you declare a higher value, pay an additional charge, document your contents, and file a timely claim. Limitations listed in the current FedEx Business Class apply. Your right to recover from FedEx for any loss, including limited value of the package in respect to cargo, income tax, profit, inventory loss, cost, and other items of damage whether direct, incidental, consequential, or none, is limited in the greater of \$100 or the authorized declared value. Recovery limited to net actual loss/expense up to \$500. Maximum for items of extraordinary value is \$500, e.g., jewelry, precious metals, negotiable instruments and other items listed in our Business Class. Written claims must be filed within 90 days of the applicable FedEx Service Date for details. This website's shipping charge may be different than the amount charged for your shipment. Differences may occur based on actual weight, dimensions, and other factors. Contact our ShipManager Helpdesk or the FedEx Rate Sheet for details on how shipping charges are calculated.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

In Re: The Order Compelling Examination of  
Charlene Paul, L.P.N.  
License Number PN 5207616  
Case Number 2014-11653

ORDER COMPELLING AN EXAMINATION

The Department of Health (Department) is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes (2013); and Chapters 456 and 464, Florida Statutes (2013-2014).

For probable cause shown and pursuant to the authority vested in the Department by Chapter 464, Florida Statutes (2013-2014), you are hereby ordered to report and submit to a mental and physical examination to be conducted by the following named physician at the date, time and place indicated.

MENTAL AND PHYSICAL EXAMINATION

**Scott Permesly, M.D.**  
**2055 Wood Street, Suite 210**  
**Sarasota, Florida 34237**  
**(941) 365-8813**  
**ON**  
**Wednesday, November 5, 2014 @ 11:30 a.m.**



The above-directed mental and physical examination is for the purpose of obtaining examination reports and expert opinion and testimony concerning your ability to practice nursing with reasonable skill and safety pursuant to Section 464.018(1)(j), Florida Statutes (2013-2014), and for introduction into evidence at any administrative hearing to be conducted on any administrative complaint filed against you which may allege a violation of Section 464.018(1)(j) Florida Statutes (2013-2014). This order is predicated upon the following Findings of Fact and Conclusions of Law.

#### FINDINGS OF FACT

1. At all times material to this order, Charlene Paul, LPN, (Ms. Paul) was licensed as a practical nurse in the State of Florida, pursuant to Chapter 464, Florida Statutes, and was employed at The Willough at Naples (WN) located at 9001 Tamiami Trail East, Naples, Florida 34113.
2. On or about June 25, 2014, WN selected Ms. Paul for random drug screen. The test returned positive for marijuana metabolite.
3. Marijuana contains cannabis. According to Section 893.03(1), Florida Statutes (2013-2014), cannabis is a Schedule I controlled substance that has a high potential for abuse and has no currently accepted medical use in treatment in Florida and in its use under medical supervision does not

meet accepted safety standards.

4. On or about June 26, 2014, WN informed Ms. Paul of her positive drug screen result.

5. On or about June 27, 2014, Ms. Paul returned to WN to collect her paycheck and give her two-week notice of intent to resign. Ms. Paul has not reported to WN for work since.

6. Because of Ms. Paul's positive drug screen for marijuana metabolite and subsequent failure to report to work for the duration of her two week notice, a thorough and complete mental and physical examination of Ms. Paul is necessary to protect the public and to ensure that she is able to practice as a practical nurse with reasonable skill and safety.

#### CONCLUSIONS OF LAW

1. The Department of Health, by and through the State Surgeon General, has jurisdiction over this matter pursuant to Chapters 456 and 464, Florida Statutes (2013-2014).

2. Section 464.018(1)(j), Florida Statutes (2013-2014), states, in pertinent part, that "the department shall have, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice nursing because

In Re: The Order Compelling Examination of  
Charlene Paul, L.P.N.  
License Number PN 5207616  
Case Number 2014-11653


of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department.”

3. Based on the foregoing Findings of Fact, the State Surgeon General, through his undersigned designee, concludes that probable cause exists to believe Ms. Paul is unable to practice nursing with reasonable skill and safety to patients, pursuant to Section 464.018(1)(j) Florida Statutes (2013-2014).


4. In accordance with the authority vested in the Department of Health under Chapters 456 and 464, Florida Statutes, the State Surgeon General, through his undersigned designee, concludes that Section 464.018(1)(j) Florida Statutes (2013-2014), should be enforced.

DONE and ORDERED by the Department of Health on this 15<sup>th</sup> day of August, 2014.

John H. Armstrong, MD, FACS  
State Surgeon General

  
Martin Stubblefield  
Deputy Secretary for Administration

In Re:

The Order Compelling Examination of  
Charlene Paul, L.P.N.  
License Number PN 5207616  
Case Number 2014-11653

Lindsay Wells Grogan  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088564  
(850) 245 – 4444 x8167 Telephone  
(850) 245 – 4662 Facsimile



STATE OF FLORIDA

**DEPARTMENT OF HEALTH**

**INVESTIGATIVE REPORT**

Office: Area VIII – Ft. Myers	Date of Complaint: 7/22/14	Case Number: 201411653
Subject: CHARLENE PAUL, LPN 2200 Greenback Circle, Apt. 102 Naples, FL 34112 754-423-0840 (c)	Source: STACEY PALAIA, RN/DON The Willough at Naples 9001 Tamiami Trail E Naples, FL 34113 239-775-4500	
Profession: Licensed Practical Nurse	License Number and Status: 5207616 clear/active not practicing in FL.	
Related Case(s): NONE	Period of Investigation and Type of Report: 7/23/14 through 8/1/14	
Alleged Violation: FS 456.072(k)(z)(aa)(dd) and 464.018(1)(j)(o)		
<p>Synopsis: This investigation is predicated upon the complaint from the Director of Nursing (DON) of the Willough at Naples, STACEY PALAIA, RN. PALAIA alleging CHARLENE PAUL, LPN tested positive for Marijuana Metabolite during a random drug screen on 6/25/14. PAUL gave her notice to quit the next day and never returned to work. PAUL had worked for the Willough since January 2013.</p> <p>PAUL chose not to address the allegations at this time.</p>		
<p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Patient Notification Completed?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/COMPAS?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board certified? Name of Board: Date:  Specialty:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Law Enforcement Notification? Date: Agency:  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Subject represented by an attorney?  Attorney information: </p>		
Investigator/Date: <i>Caroline Burt</i> Caroline Burt Medical Quality Assurance Investigator	8-1-14	Approved By/Date: <i>Kelley Collins</i> Kelley Collins for Judy Nichols Manager
Distribution: HQ/ISU		Page 1

RECEIVED-LEGAL  
14 AUG -5 PM 4:07

AUG 05 2014

TABLE OF CONTENTS

I. INVESTIGATIVE REPORT COVER .....1

II. TABLE OF CONTENTS .....2

III. INVESTIGATIVE DETAILS

Interviews:

        Interview of STACEY PALAIA, RN/DON at the Willough at Naples, (Source) .....3

        Interview of CHARLENE PAUL, LPN, (Subject).....3

IV. EXHIBITS

\* 1. Case Summary, complaint and copy of drug screen results ..... 4 - 9

\* 2. Copy of Notification letter, dated 7/23/14 ..... 10 - 14

3. Copy of Status 30 letter, dated 7/24/14 .....15

\* 4. Copy of IPN response, dated 7/31/14 ..... 16 - 17

\* Exhibits contain information which identifies patient(s) by name and are sealed pursuant to section 456.057(9)(a) Florida Statute.

\*\*\*This exhibit contains confidential records concerning reports of abuse, neglect or exploitation of the vulnerable adult, including reports made to the central abuse hotline, and is sealed pursuant to section 415.107(1), Florida Statutes

INVESTIGATIVE DETAILS

INTERVIEW OF STACEY PALAIA, RN, DON, (SOURCE)

Employment

The Willough at Naples  
9001 Tamiami Trail East  
Naples, FL 34113  
239-775-4500  
License # RN9276069

STACEY PALAIA, RN/DON was interviewed telephonically on 7/30/14. PALAIA stated the corporation policy is for random drug testing done at all eight facility sites. PALAIA stated she does not know who is selected and does not know anything unless the employee tests positive. PALAIA stated she had no reason or suspicions to test PAUL. PALAIA stated the day after the drug test results PAUL came in for her paycheck and gave her two week notice. PAUL never returned to finish out her two weeks. PALAIA stated JAMES IGNELZI is the administrator. IGNELZI was informed of the incident the same time as PALAIA. PALAIA informed IGNELZI of the report to DOH.

INTERVIEW OF CHARLENE PAUL, LPN

Residence

2200 Greenback Circle, Apt. 102  
Naples, FL 34112  
754-423-0840 (c)  
PN5207616

CHARLENE PAUL, LPN was notified telephonically on 7/25/14 after an unsuccessful attempt to serve her with the notification in person, on 7/24/14. PAUL was read the allegations and acknowledged them but stated she did not wish to make a statement at this time.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2013-07539**

**DENISE ANN HEDINGTON, R.N.,**

**RESPONDENT.**

---

**PETITIONER'S FIRST AMENDED  
ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this First Amended Administrative Complaint before the Board of Nursing against Respondent, Denise Ann Hedington, R.N., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Amended Administrative Complaint, Respondent was a registered nurse (R.N.) within the state of Florida, having been issued license number RN 9163225.



3. Respondent's address of record is 2920 39<sup>th</sup> Avenue North, St. Petersburg, Florida 33714.

4. At all times material to this Amended Administrative Complaint, Respondent was employed by Palms of Pasadena Hospital (PPH), located in St. Petersburg, Florida. Respondent worked in the emergency department at PPH.

5. At all times material to this Amended Administrative Complaint, PPH utilized the Pyxis system to keep accurate records of medication. Pyxis is an automated medication dispensing system used to store and dispense controlled substances for patients. Nurses can access the Pyxis system only through the use of a personal identification code and password. Whenever a nurse withdraws a controlled substance from the Pyxis system, the name of that nurse, the name of the patient for whom the substance was withdrawn, and the type and quantity of substance that was withdrawn are automatically documented by the Pyxis system.

6. In order to accurately record patient care, the nurse removing controlled substances for a patient must document the time the medication is administered to the patient on the patient's medical record. If a controlled substance is removed for a patient, but not administered to that

patient, the discard, or waste of that controlled substance must be accurately recorded. The controlled substance is discarded in the presence of a witness. The nurse discarding the controlled substance must document the waste.

7. To accurately record patient care and account for controlled substances, PPH required nurses to document the time the controlled substances were administered to the patient on the patient's Medication Administration Record (MAR).

8. At all times material to this Amended Administrative Complaint, Patients C.S., R.F., E.P., S.S. and A.E., were patients at the PPH.

9. On or about April 26, 2013, at approximately 10:24 p.m., Respondent removed ten (10) milligrams of morphine ostensibly for Patient C.S.

10. Respondent documented administering six (6) milligrams of morphine to Patient C.S.

11. Respondent documented wasting eight (8) mg of morphine.

12. On or about April 28, 2013, at approximately 6:09 p.m., Respondent removed ten (10) milligrams of morphine ostensibly for Patient R.F.

13. Respondent documented administering four (4) milligrams of morphine to Patient R.F. Respondent failed to document administering or wasting the remaining six (6) milligrams of morphine.

14. On or about April 28, 2013, at approximately 6:18 p.m., Respondent removed ten (10) milligrams of morphine ostensibly for Patient E.P.

15. Respondent documented administering four (4) milligrams of morphine to Patient E.P. Respondent did not document administering or wasting the remaining six (6) milligrams of morphine.

16. On or about April 29, 2013, at approximately 12:56 a.m., Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.S.

17. Respondent documented administering four (4) milligrams of morphine to Patient S.S. Respondent failed to document administering or wasting the remaining (6) milligrams of morphine.

18. On or about April 29, 2013, at approximately 1:59 a.m., Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.S.

19. Respondent documented administering four (4) milligrams of morphine to Patient S.S. Respondent failed to document administering or wasting the remaining six (6) milligrams of morphine.

20. On or about April 29, 2013, at approximately 4:25 a.m. Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.S.

21. Respondent documented administering four (4) milligrams of morphine to Patient S.S. Respondent failed to document administering or wasting the remaining six (6) milligrams of morphine.

22. On or about May 1, 2013, at approximately 10:56 p.m., Respondent removed ten (10) milligrams of morphine ostensibly for Patient A.E.

23. Respondent documented administering two (2) milligrams of morphine to Patient A.E. Respondent failed to document administering or wasting the remaining eight (8) milligrams of morphine.

24. Morphine is prescribed to treat pain. According to Section 893.03(2), Florida Statutes, morphine is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but

severely restricted medical use in treatment in the United States. Abuse of morphine may lead to severe psychological or physical dependence.

25. Section 464.018(1)(h), Florida Statutes (2012), provides that unprofessional conduct as defined by board rule constitutes grounds for disciplinary action.

26. Rule 64B9-8.005(1), Florida Administrative Code, provides that unprofessional conduct includes inaccurate recording.

27. Respondent engaged in unprofessional conduct by failing to document the administration or waste of morphine ostensibly removed for patients C.S., R.F., E.P., S.S. and / or A.E.

28. Based on the foregoing, Respondent violated Section 464.018(1)(h), Florida Statutes (2012), by engaging in unprofessional conduct as defined by Rule 64B-8.005(1), Florida Administrative Code, which includes inaccurate recording.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of

fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.**

John H. Armstrong, MD, FACS  
State Surgeon General and Secretary of Health

---

Lucas L. May  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar No.: 0102747  
(850) 245 - 4444  
(850) 245 - 4683 Facsimile  
Lucas.May@flhealth.gov

/LLM  
PCP:  
PCP Members:

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

**Leikam, Lauren A**

---

**From:** Leikam, Lauren A  
**Sent:** Wednesday, May 07, 2014 2:23 PM  
**To:** 'davidr@amptitle.com'  
**Subject:** HEDINGTON 2013-07539

Mr. Rankin,

I just wanted to touch based with you regarding this case. Do you still wish to proceed with a formal hearing in this case? I just need to get it moving in one direction or the other so please let me know when you have a chance. Thanks.

Lauren A. Leikam, Assistant General Counsel  
Office of the General Counsel  
Prosecution Services Unit  
Florida Department of Health  
4052 Bald Cypress Way, Bin #C-65  
Tallahassee, FL 32399-3265  
(850) 245-4444 (8150)

How am I communicating? Please contact my supervisor.

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

However, if this e-mail concerns anticipated or current litigation or adversarial administrative proceeding to which the Florida Department of Health is a party, this email is an attorney-client communication, and is, therefore, a limited access public document exempt from the provisions of Chapter 119, Florida Statutes.

See Section 119.071(d)1., Florida Statutes (2010).

DOH Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: Healthiest State in the Nation

Values: (ICARE)

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.



**A**ccountability: We perform with integrity & respect.

**R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.

**E**xcellence: We promote quality outcomes through learning & continuous performance improvement.

There have been changes to the license renewal process.

Please visit [www.CEAtRenewal.com](http://www.CEAtRenewal.com) to learn more.

to protect, promote & improve the health of the people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

January 7, 2013,

David P. Rankin, Esq.  
Law Offices of David P. Rankin  
18540 North Dale Mabry Highway  
Lutz, Florida 33548

**Certified Article Number**

7196 9008 9111 1386 7896

**SENDERS RECORD**

Re: Department of Health v. Denise Ann Hedington, R.N.  
2013-07539

Dear Mr. Rankin,

I am in receipt of your request for a formal administrative hearing dated December 24, 2013. As you know, pursuant to Section 456.073(5), Florida Statutes, I have an obligation to send this case to the Division of Administrative Hearings within 45 days after receipt of a petition or request for a formal hearing, unless you waive the 45 day requirement in writing. If you wish to waive the 45 day requirement please notify my office in writing.

Please feel free to contact me at 850-245-4444 extension 8150 if you have any questions or wish to discuss settlement options.

Sincerely,

Lauren A. Leikam  
Assistant General Counsel

7196 9008 9111 1386 7896

TO:

Memo - Hearing  
Cassandra/Leikam  
Date Mailed 1/7/2014  
2013-07539

SENDER:

REFERENCE:

Hedington, Denise

David P. Rankin, Esquire  
Law Offices of David P. Rankin  
18540 North Dale Mabry Highway  
Lutz, Florida 33548

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage
	Certified Fee
	Return Receipt Fee
	Restricted Delivery
	Total Postage & Fees

**USPS®**  
**Receipt for Certified Mail™**

No Insurance Coverage Provided  
Do Not Use for International Mail

POSTMARK OR DATE

2. Article Number



7196 9008 9111 1386 7896

3. Service Type **CERTIFIED MAIL™**

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

David P. Rankin, Esquire  
Law Offices of David P. Rankin  
18540 North Dale Mabry Highway  
Lutz, Florida 33548

Memo - Hearing 2013-07539  
Cassandra/Leikam

PS Form 3811, January 2005

Domestic Return Receipt

Hedington, Denise

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) *Charles Devoe* B. Date of Delivery *1/9*

C. Signature *[Signature]*  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

Reference Information

2014 JAN 14 AM 8:58  
PRACTITIONER REGULATION  
LEGAL

STATE OF FLORIDA PRACTITIONER REGULATION  
DEPARTMENT OF HEALTH LEGAL

2013 DEC 30 AM 9:29

FLORIDA DEPARTMENT OF HEALTH

Petitioner,

vs.

DENISE ANN HEDINGTON,

CASE No. 2013-07539

Respondent.

---

RESPONDENT HEDINGTON'S PETITION FOR  
FORMAL ADMINISTRATIVE HEARING

COMES NOW THE RESPONDENT, DENISE ANN HEDINGTON, and files this Petition for Formal Administrative Hearing to resolve issues of material fact related to the Notice of Denial filed by the Florida Department of Health. The Respondent requests assignment of an Administrative Law Judge from the Division of Administrative Hearings. The Respondent states the following:

1. Petitioner is the FLORIDA DEPARTMENT OF HEALTH (hereafter "Petitioner"). The Administrative Complaint was filed by the Petitioner, whose offices are located at 4052 Bald Cypress City, Bin C-65, Tallahassee, Florida 32399.
2. Respondent's address of record is 2920 39<sup>th</sup> Avenue North, St. Petersburg, FL 33714.
3. Respondent is represented by David P. Rankin, Law Offices of David P. Rankin, 18540 North Dale Mabry Hwy, Lutz, Florida 33548. His phone number is (813) 968-6633.
4. Respondent's substantial interests are affected because on November 25, 2013, Petitioner filed an Administrative Complaint in which it sought to discipline the Respondent's license.
5. Respondent holds license number RN 9163225.
6. Respondent received notice of the filing of the Administration Complaint upon receipt of same by Certified Mail on or about December 6, 2013.

7. The disputed issues of material fact are the following:

A. Each of the allegations contained within the Administrative Complaint are based upon a factual conclusion that the Respondent failed to document administering morphine to the patient or wasting the remaining morphine. In each instance alleged in the Administrative Complaint, for each patient to whom the Respondent was assigned, the Respondent either administered all the morphine to the patient or wasted the remaining morphine.

WHEREFORE, the Respondent requests that this case be referred to DOAH and assigned to an Administrative Law Judge so that a formal hearing can be conducted.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that foregoing has been forwarded to Lauren A. Leikam at the Florida Department of Health at 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399 this day 24<sup>th</sup> of December, 2013 by electronic mail.

Respectfully Submitted:



---

David P. Rankin, Esquire  
Law Offices of David P. Rankin  
18540 North Dale Mabry Hwy  
Lutz, Florida 33548  
Phone: (813) 968-6633  
Fax: (813) 265-3408  
FBN 253022  
Attorney for Respondent

**ELECTION OF RIGHTS**

Case Name: Denise Ann Hedington, R.N. Case No. 2013-07539

**PLEASE SELECT ONLY 1 OF THE 3 OPTIONS**

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

**OPTION 1.** \_\_\_ I do not dispute the allegations of fact in the Administrative Complaint, but do wish to be accorded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

**OPTION 2.** \_\_\_ I do not dispute the allegations of fact contained in the Administrative Complaint and waive my right to object or to be heard. I request that the Board enter a final order pursuant to Section 120.57, Florida Statutes.

**OPTION 3.**  I do dispute the allegations of fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. I specifically dispute the following paragraphs of the Administrative Complaint:

SEE PETITION FOR FORMAL ADMINISTRATIVE HEARING

**In addition to the above selection, I also elect the following:**

- ( ) I accept the terms of the Settlement Agreement, have signed and am returning the Settlement Agreement or I am interested in settling this case.
- ( ) I do not wish to continue practicing and have signed and returned the Voluntary Relinquishment of licensure form.

Regardless of which option I have selected, I understand that I will be given notice of time, date, and place when this matter is to be considered by the Board for Final Action. Mediation under Section 120.573, Florida Statutes, is not available in this matter.

(Please sign and complete all the information below.)

Respondent's signature: [Signature]  
 Address: 2920 39th Ave  
Street, Ft 33114  
 Lic. No. RN 9163225  
 Phone No. 727 282 6221  
 Fax No. \_\_\_\_\_



STATE OF FLORIDA  
 COUNTY OF Pine Hills  
 Before me personally appeared Denise Hedington whose identity is known to be by FDLH3521617351020 (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Respondent before me this 17th day of December, 2013.

[Signature]  
 Notary Public  
 My Commission Expires: July 25, 2017

**PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Lauren Leikam, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444 ext. 8150; FAX (850) 245-4683- TDD 1-800-955-8771.**

# FedEx®

## xpress

From: (813) 960-0422  
Stephanie Vice  
American Patriot Title  
18540 N Dale Mabry Hwy  
Lutz, FL 33548

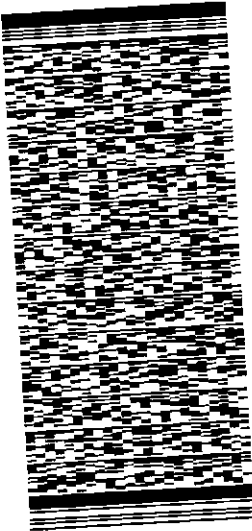
Origin ID: TPFA



11201306280326

BILL SENDER

SHIP TO: (813) 968-6633  
LAUREN A. LEIKAM  
FLORIDA DEPT OF HEALTH  
4052 BALD CYPRESS WAY  
BIN C-65  
TALLAHASSEE, FL 32399



B  
7842  
1221

RT 857  
B05  
FZ

Extremely Urgent

Ship Date: 26DEC13  
ActWgt: 1.0LB  
CAD: 105015906/NET3430



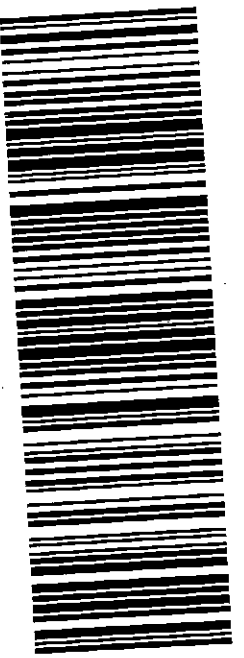
Ref # HEDINGTON  
Invoice #  
PO #  
Dept #

TRK# 7975 0268 7842  
0201

FRI - 27 DEC 10:30A  
PRIORITY OVERNIGHT

32399  
FL-US  
TLH

# XH TLHA



SIAG439051HAGE

ir an  
IS al  
rVIC  
n,

ELECTION OF RIGHTS

Case Name: Denise Ann Hedington, R.N. Case No. 2013-07539

PLEASE SELECT ONLY 1 OF THE 3 OPTIONS

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

OPTION 1. I do not dispute the allegations of fact in the Administrative Complaint, but do wish to be accorded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. I do not dispute the allegations of fact contained in the Administrative Complaint and waive my right to object or to be heard. I request that the Board enter a final order pursuant to Section 120.57, Florida Statutes.

OPTION 3. I do dispute the allegations of fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. I specifically dispute the following paragraphs of the Administrative Complaint:

SEE PETITION FOR FORMAL ADMINISTRATIVE HEARING

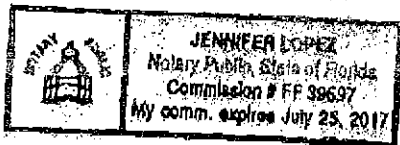
In addition to the above selection, I also elect the following:

- I accept the terms of the Settlement Agreement, have signed and am returning the Settlement Agreement or I am interested in settling this case.
I do not wish to continue practicing and have signed and returned the Voluntary Relinquishment of licensure form.

Regardless of which option I have selected, I understand that I will be given notice of time, date, and place when this matter is to be considered by the Board for Final Action. Mediation under Section 120.573, Florida Statutes, is not available in this matter.

(Please sign and complete all the information below.)

Respondent's signature: [Signature]
Address: 2920 32th Ave N, Suite, FL 33214
Lic. No. RN 916 3225
Phone No. 727 282-6221
Fax No.



STATE OF FLORIDA COUNTY OF Pinellas
Before me personally appeared Denise Hedington whose identity is known to be by FDLE # 5216173220 (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Respondent before me this 17th day of December, 2013.

[Signature]
Notary Public
My Commission Expires: July 25, 2017

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Lauren Leikam, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bldg C-65, Tallahassee, Florida 32399-3265, Telephone Number: (850) 245-4444 ext. 8150; FAX (850) 245-4683- TDD 1-800-955-8771.



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

FLORIDA DEPARTMENT OF HEALTH

Petitioner,

vs.

DENISE ANN HEDINGTON,

CASE No. 2013-07539

Respondent.

---

RESPONDENT HEDINGTON'S PETITION FOR  
FORMAL ADMINISTRATIVE HEARING

COMES NOW THE RESPONDENT, DENISE ANN HEDINGTON, and files this Petition for Formal Administrative Hearing to resolve issues of material fact related to the Notice of Denial filed by the Florida Department of Health. The Respondent requests assignment of an Administrative Law Judge from the Division of Administrative Hearings. The Respondent states the following:

1. ~~Petitioner is the FLORIDA DEPARTMENT OF HEALTH~~ (hereafter "Petitioner"). The Administrative Complaint was filed by the Petitioner, whose offices are located at 4052 Bald Cypress City, Bin C-65, Tallahassee, Florida 32399.
2. Respondent's address of record is 2920 39<sup>th</sup> Avenue North, St. Petersburg, FL 33714.
3. Respondent is represented by David P. Rankin, Law Offices of David P. Rankin, 18540 North Dale Mabry Hwy, Lutz, Florida 33548. His phone number is (813) 968-6633.
4. Respondent's substantial interests are affected because on November 25, 2013, Petitioner filed an Administrative Complaint in which it sought to discipline the Respondent's license.
5. Respondent holds license number RN 9163225.
6. Respondent received notice of the filing of the Administration Complaint upon receipt of same by Certified Mail on or about December 6, 2013.

7. The disputed issues of material fact are the following:

A. Each of the allegations continued within the Administrative Complaint are based upon a factual conclusion that the Respondent failed to document administering morphine to the patient or wasting the remaining morphine. In each instance alleged in the Administrative Complaint, for each patient to whom the Respondent was assigned, the Respondent either administered all the morphine to the patient or wasted the remaining morphine.

WHEREFORE, the Respondent requests that this case be referred to DOAH and assigned to an Administrative Law Judge so that a formal hearing can be conducted.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that foregoing has been forwarded to Lauren A. Leikam at the Florida Department of Health at 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399 this day 24<sup>th</sup> of December, 2013 by electronic mail.

Respectfully Submitted:



---

David P. Rankin, Esquire  
Law Offices of David P. Rankin  
18540 North Dale Mabry Hwy  
Lutz, Florida 33548  
Phone: (813) 968-6633  
Fax: (813) 265-3408  
FBN 253022  
Attorney for Respondent

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

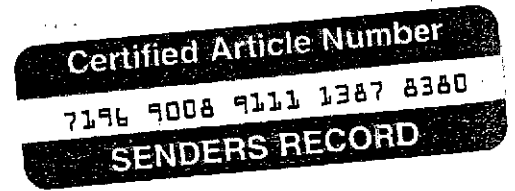


**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

November 27, 2013



David P. Rankin, Esquire  
Law Offices of David P. Rankin, P.A.  
18540 N. Dale Mabry Highway  
Lutz, FL 33548

RE: DOH v. Denise Ann Hedington, R.N.  
Case Number 2013-07539

Dear Mr. Rankin:

Enclosed is a copy of an Administrative Complaint that has been filed against your client's license, along with an Explanation of Rights and an Election of Rights form. You have also been provided with a Settlement Agreement containing disciplinary terms I believe will be acceptable in resolving this matter. Please review the terms of the Settlement Agreement with your client at your soonest convenience. If the terms of the Settlement Agreement are acceptable, please have your client sign it before a Notary Public and return it to my office. Please be aware that the Settlement Agreement is subject to final approval by the Board of Nursing. A Voluntary Relinquishment form has also been included in this package should your client wish to relinquish their license.

If your client accepts the Settlement Agreement, the case will be scheduled for the next available Board meeting for consideration. Your client's attendance at that meeting may be required. You and your client will receive details regarding the meeting date, time, and location once the case is scheduled. If the Board accepts the Settlement Agreement, then the terms become the final resolution of the case. Should the Board not accept the Settlement Agreement, then your client's response on the Election of Rights form will determine how the case will proceed.

**PLEASE NOTE the signed and notarized Election of Rights form must be received by the Department of Health within twenty-one (21) days of the date your client was served. Failure to file this form within twenty-one (21) days may be considered a waiver of your right to dispute the allegations in this matter.**

Sincerely yours,

Lauren Leikam  
Assistant General Counsel

LL/cmn

Enclosures: Administrative Complaint, Election of Rights, Explanation of Rights  
Settlement Agreement and Voluntary Relinquishment

**Florida Department of Health**

Office of the General Counsel - Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row - Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4683

**www.FloridasHealth.com**

TWITTER:HealthyFLA

FACEBOOK:FLDepartmentofHealth

YOUTUBE: fldoh

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2013-07539**

**DENISE ANN HEDINGTON, R.N.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Denise Ann Hedington, R.N., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.
2. At all times material to this Administrative Complaint, Respondent was a registered nurse (R.N.) within the state of Florida, having been issued license number RN 9163225.

3. Respondent's address of record is 2920 39<sup>th</sup> Avenue North, St. Petersburg, Florida 33714.

4. At all times material to this Administrative Complaint, Respondent was employed by Palms of Pasadena Hospital (PPH), located in St. Petersburg, Florida. Respondent worked in the emergency department at PPH.

5. At all times material to this Administrative Complaint, PPH utilized the Pyxis system to keep accurate records of medication. Pyxis is an automated medication dispensing system used to store and dispense controlled substances for patients. Nurses can access the Pyxis system only through the use of a personal identification code and password. Whenever a nurse withdraws a controlled substance from the Pyxis system, the name of that nurse, the name of the patient for whom the substance was withdrawn, and the type and quantity of substance that was withdrawn are automatically documented by the Pyxis system.

6. In order to accurately record patient care, the nurse removing controlled substances for a patient must document the time the medication is administered to the patient on the patient's medical record. If a controlled substance is removed for a patient, but not administered to that

patient, the discard, or waste of that controlled substance must be accurately recorded. The controlled substance is discarded in the presence of a witness. The nurse discarding the controlled substance must document the waste.

7. PHH's Safe Order Writing Policy discourages nurses from accepting verbal orders from physicians. In pertinent part, the policy provides that verbal orders shall only be taken "in extreme situations where the physician is unable to write the order and sign. Verbal orders are not acceptable if the prescriber is physically present...The physician must co-sign a verbal or telephone order within 48 hours of the order being written."

8. On or about April 26, 2013, Respondent documented a verbal order for a two (2) milligram dose of morphine to be administered to Patient C.S.

9. Morphine is prescribed to treat pain. According to Section 893.03(2), Florida Statutes, morphine is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of morphine may lead to severe psychological or physical dependence.

10. On or about April 26, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient C.S.

11. Respondent documented administering two (2) milligrams of morphine to Patient C.S. Respondent failed to document administering or wasting the remaining morphine.

12. On or about April 27, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient H.S.

13. On or about April 27, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient H.S.

14. Respondent failed to document administering morphine to Patient H.S., or wasting the remaining morphine.

15. On or about April 28, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient A.E.

16. On or about April 28, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient A.E.

17. Respondent failed to document administering morphine to Patient A.E., or wasting the remaining morphine.

18. On or about April 28, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient R.F.

19. On or about April 28, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient R.F.

20. Respondent documented administering four (4) milligrams of morphine to Patient R.F. Respondent failed to document administering or wasting the remaining six (6) milligrams of morphine.

21. On or about April 28, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient E.P.

22. On or about April 28, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient E.P.

23. Respondent documented administering four (4) milligrams of morphine to Patient E.P. Respondent did not document administering or wasting the remaining six (6) milligrams of morphine.

24. On or about April 29, 2013, Respondent documented three (3) verbal orders for four (4) milligram doses of morphine to be administered to Patient S.S.



25. On or about April 29, 2013, at approximately 12:56 a.m., Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.S.

26. Respondent documented administering four (4) milligrams of morphine to Patient S.S. Respondent failed to document administering or wasting the remaining (6) milligrams of morphine.

27. On or about April 29, 2013, at approximately 1:59 a.m., Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.S.

28. Respondent documented administering four (4) milligrams of morphine to Patient S.S. Respondent failed to document administering or wasting the remaining six (6) milligrams of morphine.

29. On or about April 29, 2013, at approximately 4:34 a.m. Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.S.

30. Respondent documented administering four (4) milligrams of morphine to Patient S.S. Respondent failed to document administering or wasting the remaining six (6) milligrams of morphine.

31. On or about April 29, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient J.A.

32. On or about April 29, 2013, Respondent removed five (5) milligrams of morphine ostensibly for Patient J.A.

33. Respondent documented administering four (4) milligrams of morphine to Patient J.A. Respondent failed to document administering or wasting the remaining milligram of morphine.

34. On or about April 30, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient C.V.

35. On or about April 30, 2013, Respondent removed eight (8) milligrams of morphine ostensibly for Patient C.V.

36. Respondent documented administering four (4) milligrams of morphine to Patient C.V. Respondent failed to document administering or wasting the remaining four (4) milligrams of morphine.

37. On or about April 30, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient R.L.

38. On or about April 30, 2013, Respondent removed eight (8) milligrams of morphine ostensibly for Patient R.L.

39. Respondent documented administering four (4) milligrams of morphine to Patient R.L. Respondent failed to document administering or wasting the remaining four (4) milligrams of morphine.

40. On or about April 30, 2013, Respondent documented a verbal order for five (5) milligrams of morphine to be administered to Patient M.B.

41. On or about April 30, 2013, Respondent removed five (5) milligrams of morphine ostensibly for Patient M.B.

42. Respondent documented administering five (5) milligrams of morphine to Patient M.B.

43. On or about May 1, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.M.

44. Respondent did not document a verbal order for Patient S.M. to receive morphine. Respondent did not document administering the morphine to Patient S.M., or wasting the morphine.

45. On or about May 1, 2013, Patient S.K. was prescribed three (3) milligrams of morphine, every three (3) hours or as needed for pain.

46. On or about May 1, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.K.

47. Respondent documented administering three (3) milligrams of morphine to Patient S.K. Respondent failed to document administering or wasting the remaining seven (7) milligrams of morphine.

48. On or about May 1, 2013, Respondent documented a verbal order for two (2) milligrams of morphine to be administered to Patient A.E.

49. On or about May 1, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient A.E.

50. Respondent documented administering two (2) milligrams of morphine to Patient A.E. Respondent failed to document administering or wasting the remaining eight (8) milligrams of morphine.

51. During an investigation, PPH administrators questioned the physicians who allegedly issued the above referenced verbal orders according to Respondent's documentation. With the exception of the order for Patient S.K., the physicians denied issuing any of the orders.

52. On or about May 30, 2013, Respondent was discharged from her employment for violating PPH's Safe Order Writing Policy.

### **COUNT ONE**

53. Petitioner realleges and incorporates paragraphs one (1) through fifty-two (52) as if fully set forth herein.

54. Section 464.018(1)(h), Florida Statutes (2012), provides that unprofessional conduct as defined by board rule constitutes grounds for disciplinary action.

55. Rule 64B9-8.005(1), Florida Administrative Code, provides that unprofessional conduct includes inaccurate recording.

56. Respondent engaged in unprofessional conduct by failing to document administering or wasting a total of ninety-two (92) milligrams of morphine ostensibly removed for patients.

57. Based on the foregoing, Respondent violated Section 464.018(1)(h), Florida Statutes (2012), by engaging in unprofessional conduct as defined by Rule 64B-8.005(1), Florida Administrative Code, which includes inaccurate recording.

### **COUNT TWO**

58. Petitioner realleges and incorporates paragraphs one (1) through fifty-two (52) as if fully set forth herein.

59. Section 464.018(1)(f), Florida Statutes (2012), provides that making or filing a false report or record, which the licensee knows to be

false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so is grounds for disciplinary action.

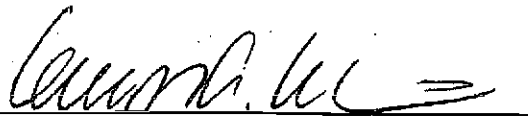
60. As set forth above, from on or about April 26, 2013, through on or about May 1, 2013, Respondent documented verbal orders for narcotic pain medication which had not been issued or authorized by a physician.

61. Based on the foregoing, Respondent violated Section 464.018(1)(f), Florida Statutes (2012), by making or filing a false report or record which the licensee knows to be false.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 25<sup>th</sup> day of November, 2013.

JOHN H. ARMSTRONG, MD, FACS  
State Surgeon General and Secretary of Health



Lauren A. Leikam  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088700  
(850) 414 - 4444 Telephone  
(850) 414 - 1991 Facsimile

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: *Bridget Coates*  
DATE: *11-26-13*

/LAL  
PCP: 11/25/13  
PCP Members: Horne & Newman

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**



**ELECTION OF RIGHTS**

**Case Name: Denise Ann Hedington , R.N. Case No. 2013-07539**

**PLEASE SELECT ONLY 1 OF THE 3 OPTIONS**

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

**OPTION 1. \_\_\_\_ I do not dispute the allegations** of fact in the Administrative Complaint, but do wish to be accorded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

**OPTION 2. \_\_\_\_ I do not dispute the allegations** of fact contained in the Administrative Complaint and **waive my right** to object or to be heard. I request that the Board enter a final order pursuant to Section 120.57, Florida Statutes.

**OPTION 3. \_\_\_\_ I do dispute the allegations** of fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. **I specifically dispute the following paragraphs of the Administrative Complaint:**

\_\_\_\_\_  
\_\_\_\_\_

**In addition to the above selection, I also elect the following:**

- ( ) I accept the terms of the Settlement Agreement, have signed and am returning the Settlement Agreement or I am interested in settling this case.
- ( ) I do not wish to continue practicing and have signed and returned the Voluntary Relinquishment of licensure form.

Regardless of which option I have selected, I understand that I will be given notice of time, date, and place when this matter is to be considered by the Board for Final Action. Mediation under Section 120.573, Florida Statutes, is not available in this matter.

(Please sign and complete all the information below.)

\_\_\_\_\_  
Respondent's signature  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ whose identity is known to be by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Respondent before me this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

**PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Lauren Leikam, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4444 ext. 8150; FAX (850) 245-4683- TDD 1-800-955-8771.**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**EXPLANATION OF RIGHTS**

In response to the allegations set forth in the Administrative Complaint issued by the Department of Health, you should make **ONE OF THREE** of the following elections within twenty-one (21) days from the date of receipt of the Administrative Complaint. Please make your election on the attached Election of Rights form and return it fully executed to the address listed on the form. **Your Election of Rights must be received by the Department within twenty-one (21) days of the date you were served.**

Option 1 – If you do not dispute any material fact alleged in the Administrative Complaint, you may request a proceeding pursuant to Section 120.57(2), Florida Statutes, before the Board. At this proceeding you will be given an opportunity to present both written and oral evidence in mitigation of the allegations contained in the Administrative Complaint. This request should be directed to the Department by checking the appropriate space, marked as Option 1, on the Election of Rights form.

Option 2 – If you do not dispute any material fact alleged in the Administrative Complaint and you do not desire to participate in the disposition of the case, you may elect Option 2 on the Election of Rights form.

Option 3 – If you do dispute any material fact alleged in the Administrative Complaint, you may request a formal hearing and the appointment of an Administrative Law Judge with the Division of Administrative Hearings pursuant to Section 120.569(2)(a), Florida Statutes, by checking the appropriate space, marked as Option 3, on the Election of Rights form. You must also specifically indicate which paragraphs you dispute in the Administrative Complaint pursuant to Rule 28-106.2015(5)(c), Florida Administrative Code. Failure to do so may be considered a waiver of your right to dispute the allegations at a formal hearing.

Regardless of whether you dispute any material fact alleged in the Administrative Complaint and after choosing one of the three options above, you may also sign the Settlement Agreement or request the opportunity to enter into a Settlement Agreement to resolve this case, pursuant to Section 120.57(4), Florida Statutes. If you accept the Settlement Agreement, it will be presented to the Board for approval. Please be advised that a Final Order approving a Settlement Agreement is considered disciplinary action and will be reported as such.

You may also sign the Voluntary Relinquishment of license, which will be presented to the Board for approval. Please be advised that a Final Order accepting the Voluntary Relinquishment is considered disciplinary action and will be reported as such.

**Failure to file the Election of Rights form within twenty-one (21) days may be considered a waiver of your right to dispute the allegations in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear the case and impose discipline against your license.**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**Case No. 2013-07539**

**DENISE ANN HEDINGTON, R.N.,**

**RESPONDENT.**

---

**SETTLEMENT AGREEMENT**

Pursuant to Section 120.57(4), Florida Statutes, the above named parties hereby offer this Settlement Agreement (Agreement) and agree to entry of a Final Order of the Board of Nursing (Board) incorporating this Agreement as disposition of the Administrative Complaint, in lieu of any other administrative proceedings. The terms herein become effective only if and when a Final Order accepting this Agreement is issued by the Board and filed with the Department of Health Agency Clerk.

In considering this Agreement, the Board may review all materials gathered during the investigation of this case. If this Agreement is rejected, it, and its presentation to the Board, shall not be used against either party.

### **STIPULATED FACTS**

1. At all times material to this matter, Respondent was a **registered nurse** in the State of Florida holding license number **9163225**.
2. The Department charged Respondent with an Administrative Complaint that was properly served upon Respondent with violations of Chapters 456 and/or 464, Florida Statutes. A true and correct copy of the Administrative Complaint is attached hereto and incorporated by reference as Exhibit A.
3. Respondent neither admits nor denies the factual allegations contained in the Administrative Complaint.

### **STIPULATED LAW**

1. Respondent admits that he/she is subject to the provisions of Chapters 456 and 464, Florida Statutes, and the jurisdiction of the Department and the Board.
2. Respondent admits that the stipulated facts, if proven true, constitute violations of Chapter 456 and/or 464, Florida Statutes as alleged in the Administrative Complaint.

3. Respondent agrees that the Agreement is a fair, appropriate, and reasonable resolution of this pending matter.

### **PROPOSED DISPOSITION**

1. The Board of Nursing shall reprimand the license of the Respondent.

2. The Respondent shall pay an investigative costs not to exceed **THREE THOUSAND ONE HUNDRED FORTY-FIVE DOLLARS AND SIXTY-NINE CENTS (\$3,145.69)** within **3 years** from the date of entry of the Final Order. Payment shall be made to the Board of Nursing and mailed to, DOH-Compliance Management Unit, 4052 Bald Cypress Way, Tallahassee, Florida 32399-3276, Attention: Nursing Compliance Officer. **Payment must be made by cashier's check or money order ONLY.** Personal checks will **NOT** be accepted.

3. Respondent's license is suspended until Respondent undergoes an evaluation coordinated by the Intervention Project for Nurses (IPN), and complies with any and all terms and conditions imposed by IPN as a result of said evaluation. It is the duty of the Respondent to contact IPN at P.O. Box

49130, Jacksonville Beach, Florida 32240-9130, (904) 270-1620 within 30 days. If the Respondent is not in need of monitoring or treatment and IPN is not suitable, no further action will be required.

4. If the Respondent is in need of monitoring or treatment, the Respondent shall comply with all conditions of the IPN Advocacy Contract or she/he will be in violation of the Final Order accepting this Settlement Agreement.

5. Reinstatement will require compliance with all terms and conditions set forth in any previous Final Order issued by the Board and appearance before the Board to demonstrate present ability to engage in the safe practice of nursing. The Board reserves the right to impose reasonable conditions of reinstatement at the time the Respondent appears before the Board to demonstrate the present ability to engage in the safe practice of nursing.

6. The Respondent shall not violate Chapter 456 or 464, Florida Statutes, the rules promulgated pursuant thereto, any other state or federal law, rule, or regulation relating to the practice or the ability to practice

nursing. Violation of an order from another state/jurisdiction shall constitute grounds for violation of the Final Order accepting this Settlement Agreement.

7. It is expressly understood that this Settlement Agreement is subject to the approval of the Department and the Board, and has no force and effect until a Final Order is entered accepting this Settlement Agreement.

8. This Settlement Agreement is executed by the Respondent for the purpose of avoiding further administrative action by the Board of Nursing regarding the acts or omissions specifically set forth in the Administrative Complaint attached hereto. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Agreement.

Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that presentation to, and consideration of, this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings. Respondent shall offer no evidence, testimony or argument that disputes or contravenes any stipulated fact or conclusion of law.

**SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
**Denise Ann Hedington, R.N.**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ whose identity is known to be by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Respondent before me this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

**APPROVED** this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

John H. Armstrong, MD, FACS  
State Surgeon General and  
Secretary of Health

\_\_\_\_\_  
**Lauren Leikam**

Assistant General Counsel

FBN: **0088700**

Department of Health

Prosecution Services Unit

4052 Bald Cypress Way, BIN #C-65

Tallahassee, Florida 32399-3265

Telephone (850) 245-4444

Facsimile (850) 245-4683

Email: [lauren.leikam@flhealth.gov](mailto:lauren.leikam@flhealth.gov)



**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**Case No. 2013-07539**

**DENISE ANN HEDINGTON, R.N.,**

**RESPONDENT.**

**VOLUNTARY RELINQUISHMENT OF LICENSE**

Respondent, **Denise Ann Hedington, R.N.**, license number **9163225**, hereby voluntarily relinquishes Respondent's license to practice nursing in the State of Florida and states as follows:

1. Respondent's purpose in executing this Voluntary Relinquishment is to avoid further administrative action with respect to this case. Respondent understands that acceptance by the Board of Nursing (hereinafter the Board) of this Voluntary Relinquishment shall be construed as disciplinary action against Respondent's license pursuant to Section 456.072(1)(f), Florida Statutes. As with any disciplinary action, this relinquishment will be reported to the National Practitioner's Data Bank. Licensing authorities in other states may impose discipline in their jurisdiction based on discipline taken in Florida.

2. Respondent agrees to voluntarily cease practicing nursing immediately upon executing this Voluntary Relinquishment. Respondent further agrees to refrain from the practice of nursing until such time as this Voluntary Relinquishment is presented to the Board and the Board issues a written Final Order in this matter.

3. In order to expedite consideration and resolution of this action by the Board in a public meeting, Respondent, being fully advised of the consequences of so doing, hereby waives the statutory privilege of confidentiality of Section 456.073(10), Florida Statutes, and waives a determination of probable cause, by the Probable Cause Panel, or the Department when appropriate, pursuant to Section 456.073(4), Florida Statutes, regarding the complaint, the investigative report of the Department of Health, and all other information obtained pursuant to the Department's investigation in this case. By signing this waiver, Respondent understands that the record and complaint become public record and remain public record and that information is immediately accessible to the public.

4. Upon the Board's acceptance of this Voluntary Relinquishment, Respondent agrees to waive all rights to seek judicial review, or to otherwise

challenge or contest the validity of this Voluntary Relinquishment and of the Final Order of the Board incorporating this Voluntary Relinquishment.

5. Petitioner and Respondent hereby agree that upon the Board's acceptance of this Voluntary Relinquishment, each party shall bear its own attorney's fees and costs related to the prosecution or defense of this case.

6. Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent in connection with the Board's consideration of this Voluntary Relinquishment. Respondent agrees that consideration of this Voluntary Relinquishment and other related materials by the Board shall not prejudice or preclude the Board, or any of its members, from further participation, consideration, or resolution of these proceedings if the terms of this Voluntary Relinquishment are not accepted by the Board.

**SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
**Denise Ann Hedington, R.N.**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ whose identity is known to be by \_\_\_\_\_ (type of identification), and who under oath, acknowledges that his/her signature appears above. Sworn to and subscribed by Respondent before me this \_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

7196 9008 9111 1387 8380

TO:

Stip Pack  
Cassandra/Leikam  
Date Mailed 11/26/2013  
2013-07539

SENDER:

REFERENCE:

Hedington, Denise

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage
	Certified Fee
	Return Receipt Fee
	Restricted Delivery
	Total Postage & Fees

David P. Rankin, Esquire  
Law Offices of David P. Rankin, P.A.  
18540 N. Dale Mabry Highway  
Lutz, FL 33548

USPS®

Receipt for  
Certified Mail™

No Insurance Coverage Provided  
Do Not Use for International Mail

POSTMAILED

2. Article Number



7196 9008 9111 1387 8380

3. Service Type CERTIFIED MAIL™

4. Restricted Delivery? (Extra Fee)  Yes

1. Article Addressed to:

David P. Rankin, Esquire  
Law Offices of David P. Rankin, P.A.  
18540 N. Dale Mabry Highway  
Lutz, FL 33548

Stip Pack 2013-07539  
Cassandra/Leikam

Hedington

COMPLETED

A. Received by: *Bounce*

C. Signature: *[Signature]*

D. Is delivery address different from item?  
If YES, enter delivery address below:

A  
 Yes  
 No

Reference Information

DEC 10 AM 9:03  
PRACTITIONER REGULATION  
LEGAL

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

November 27, 2013

Andrea Clyne  
Palms of Pasadena Hospital  
1501 Pasadena Avenue South  
St. Petersburg, FL 33707

RE: DOH v. Denise Ann Hedington, R.N.  
Case Number 2013-07539

Dear Ms. Clyne:

The Probable Cause Panel of the Board of Nursing has found probable cause to believe that the subject referenced above has violated the Nurse Practice Act. The attached Administrative Complaint is a formal charging document, similar to an information/indictment in a criminal case, and represents the general factual basis upon which the subject's license may be disciplined. The subject has the right to an evidentiary hearing to dispute the allegations. Please be aware that you may be required to testify regarding your knowledge of this case.

You will be notified of any hearings or proceedings to which you are required to attend. If you have any questions in the interim, please feel free to contact me at the address or telephone number listed below.

Sincerely,

Lauren Leikam  
Assistant General Counsel

LL/cmn

Enclosures: Administrative Complaint  
Explanation of Disciplinary Process

**Florida Department of Health**

Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row – Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4683

[www.FloridasHealth.com](http://www.FloridasHealth.com)

TWITTER: HealthyFLA  
FACEBOOK: FLDepartmentofHealth  
YOUTUBE: fldoh

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2013-07539**

**DENISE ANN HEDINGTON, R.N.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Denise Ann Hedington, R.N., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a registered nurse (R.N.) within the state of Florida, having been issued license number RN 9163225.

3. Respondent's address of record is 2920 39<sup>th</sup> Avenue North, St. Petersburg, Florida 33714.

4. At all times material to this Administrative Complaint, Respondent was employed by Palms of Pasadena Hospital (PPH), located in St. Petersburg, Florida. Respondent worked in the emergency department at PPH.

5. At all times material to this Administrative Complaint, PPH utilized the Pyxis system to keep accurate records of medication. Pyxis is an automated medication dispensing system used to store and dispense controlled substances for patients. Nurses can access the Pyxis system only through the use of a personal identification code and password. Whenever a nurse withdraws a controlled substance from the Pyxis system, the name of that nurse, the name of the patient for whom the substance was withdrawn, and the type and quantity of substance that was withdrawn are automatically documented by the Pyxis system.

6. In order to accurately record patient care, the nurse removing controlled substances for a patient must document the time the medication is administered to the patient on the patient's medical record. If a controlled substance is removed for a patient, but not administered to that



patient, the discard, or waste of that controlled substance must be accurately recorded. The controlled substance is discarded in the presence of a witness. The nurse discarding the controlled substance must document the waste.

7. PHH's Safe Order Writing Policy discourages nurses from accepting verbal orders from physicians. In pertinent part, the policy provides that verbal orders shall only be taken "in extreme situations where the physician is unable to write the order and sign. Verbal orders are not acceptable if the prescriber is physically present...The physician must co-sign a verbal or telephone order within 48 hours of the order being written."

8. On or about April 26, 2013, Respondent documented a verbal order for a two (2) milligram dose of morphine to be administered to Patient C.S.

9. Morphine is prescribed to treat pain. According to Section 893.03(2), Florida Statutes, morphine is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of morphine may lead to severe psychological or physical dependence.

10. On or about April 26, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient C.S.

11. Respondent documented administering two (2) milligrams of morphine to Patient C.S. Respondent failed to document administering or wasting the remaining morphine.

12. On or about April 27, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient H.S.

13. On or about April 27, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient H.S.

14. Respondent failed to document administering morphine to Patient H.S., or wasting the remaining morphine.

15. On or about April 28, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient A.E.

16. On or about April 28, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient A.E.

17. Respondent failed to document administering morphine to Patient A.E., or wasting the remaining morphine.

18. On or about April 28, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient R.F.

19. On or about April 28, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient R.F.

20. Respondent documented administering four (4) milligrams of morphine to Patient R.F. Respondent failed to document administering or wasting the remaining six (6) milligrams of morphine.

21. On or about April 28, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient E.P.

22. On or about April 28, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient E.P.

23. Respondent documented administering four (4) milligrams of morphine to Patient E.P. Respondent did not document administering or wasting the remaining six (6) milligrams of morphine.

24. On or about April 29, 2013, Respondent documented three (3) verbal orders for four (4) milligram doses of morphine to be administered to Patient S.S.

25. On or about April 29, 2013, at approximately 12:56 a.m., Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.S.

26. Respondent documented administering four (4) milligrams of morphine to Patient S.S. Respondent failed to document administering or wasting the remaining (6) milligrams of morphine.

27. On or about April 29, 2013, at approximately 1:59 a.m., Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.S.

28. Respondent documented administering four (4) milligrams of morphine to Patient S.S. Respondent failed to document administering or wasting the remaining six (6) milligrams of morphine.

29. On or about April 29, 2013, at approximately 4:34 a.m. Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.S.

30. Respondent documented administering four (4) milligrams of morphine to Patient S.S. Respondent failed to document administering or wasting the remaining six (6) milligrams of morphine.

31. On or about April 29, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient J.A.

32. On or about April 29, 2013, Respondent removed five (5) milligrams of morphine ostensibly for Patient J.A.

33. Respondent documented administering four (4) milligrams of morphine to Patient J.A. Respondent failed to document administering or wasting the remaining milligram of morphine.

34. On or about April 30, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient C.V.

35. On or about April 30, 2013, Respondent removed eight (8) milligrams of morphine ostensibly for Patient C.V.

36. Respondent documented administering four (4) milligrams of morphine to Patient C.V. Respondent failed to document administering or wasting the remaining four (4) milligrams of morphine.

37. On or about April 30, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient R.L.

38. On or about April 30, 2013, Respondent removed eight (8) milligrams of morphine ostensibly for Patient R.L.

39. Respondent documented administering four (4) milligrams of morphine to Patient R.L. Respondent failed to document administering or wasting the remaining four (4) milligrams of morphine.

40. On or about April 30, 2013, Respondent documented a verbal order for five (5) milligrams of morphine to be administered to Patient M.B.

41. On or about April 30, 2013, Respondent removed five (5) milligrams of morphine ostensibly for Patient M.B.

42. Respondent documented administering five (5) milligrams of morphine to Patient M.B.

43. On or about May 1, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.M.

44. Respondent did not document a verbal order for Patient S.M. to receive morphine. Respondent did not document administering the morphine to Patient S.M., or wasting the morphine.

45. On or about May 1, 2013, Patient S.K. was prescribed three (3) milligrams of morphine, every three (3) hours or as needed for pain.

46. On or about May 1, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.K.

47. Respondent documented administering three (3) milligrams of morphine to Patient S.K. Respondent failed to document administering or wasting the remaining seven (7) milligrams of morphine.

48. On or about May 1, 2013, Respondent documented a verbal order for two (2) milligrams of morphine to be administered to Patient A.E.

49. On or about May 1, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient A.E.

50. Respondent documented administering two (2) milligrams of morphine to Patient A.E. Respondent failed to document administering or wasting the remaining eight (8) milligrams of morphine.

51. During an investigation, PPH administrators questioned the physicians who allegedly issued the above referenced verbal orders according to Respondent's documentation. With the exception of the order for Patient S.K., the physicians denied issuing any of the orders.

52. On or about May 30, 2013, Respondent was discharged from her employment for violating PPH's Safe Order Writing Policy.

### **COUNT ONE**

53. Petitioner realleges and incorporates paragraphs one (1) through fifty-two (52) as if fully set forth herein.

54. Section 464.018(1)(h), Florida Statutes (2012), provides that unprofessional conduct as defined by board rule constitutes grounds for disciplinary action.

55. Rule 64B9-8.005(1), Florida Administrative Code, provides that unprofessional conduct includes inaccurate recording.

56. Respondent engaged in unprofessional conduct by failing to document administering or wasting a total of ninety-two (92) milligrams of morphine ostensibly removed for patients.

57. Based on the foregoing, Respondent violated Section 464.018(1)(h), Florida Statutes (2012), by engaging in unprofessional conduct as defined by Rule 64B-8.005(1), Florida Administrative Code, which includes inaccurate recording.

### **COUNT TWO**

58. Petitioner realleges and incorporates paragraphs one (1) through fifty-two (52) as if fully set forth herein.

59. Section 464.018(1)(f), Florida Statutes (2012), provides that making or filing a false report or record, which the licensee knows to be



false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so is grounds for disciplinary action.

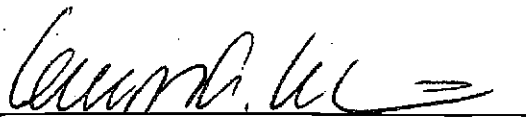
60. As set forth above, from on or about April 26, 2013, through on or about May 1, 2013, Respondent documented verbal orders for narcotic pain medication which had not been issued or authorized by a physician.

61. Based on the foregoing, Respondent violated Section 464.018(1)(f), Florida Statutes (2012), by making or filing a false report or record which the licensee knows to be false.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 25<sup>th</sup> day of November, 2013.

JOHN H. ARMSTRONG, MD, FACS  
State Surgeon General and Secretary of Health



Lauren A. Leikam  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088700  
(850) 414 - 4444 Telephone  
(850) 414 - 1991 Facsimile

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: *Bridget Coates*  
DATE: *11-26-13*

/LAL  
PCP: 11/25/13  
PCP Members: Horne & Newman

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

## **EXPLANATION OF THE DISCIPLINARY PROCESS**

Once an Administrative Complaint has been filed against the license of a health care professional regulated by the Department of Health, the subject, also referred to as the Respondent, has three options to choose from to resolve the matter.

Option 1 – Settlement Agreement: Pursuant to Section 120.57(4), Florida Statutes, the subject and the Department may enter into a Settlement Agreement. A Settlement Agreement is an agreement between all parties resolving a case without the need for a Formal or Informal Hearing. Settlement Agreements save the Department of Health, the Board, and the subject time and money. In this situation, the Board will hear statements from both parties supporting the proposed Settlement Agreement. If the Board believes the Settlement Agreement is appropriate, the Board will accept the Settlement Agreement and impose its terms against the subject's license. If the Board rejects the Settlement Agreement, it may make a counter-offer to the subject. If the subject does not accept the Board's counter-offer, the subject may choose to proceed with a Formal or Informal Hearing at a later date.

Option 2 – Informal Hearing: Pursuant to Section 120.57(2), Florida Statutes, the subject may request a Hearing Not Involving Disputed Issues of Material Fact, also referred to as an Informal Hearing. In this situation the subject does not dispute the factual allegations in the Administrative Complaint, but is given the opportunity to present evidence to mitigate any penalty or discipline. After considering the evidence, the Board will determine whether the subject should be disciplined and what kind of discipline, if any, is appropriate.

Option 3 – Formal Hearing: Pursuant to Section 120.57(1), Florida Statutes, the subject may request a Hearing Involving Disputed Issues of Material Fact, also referred to as a Formal Hearing. In this situation, the subject has disputed some or all of the material facts upon which the Administrative Complaint is based. An Administrative Law Judge at the Division of Administrative Hearings hears the case. After presentation of evidence by both the Department and the subject, the Administrative Law Judge sends a Recommended Order to the Board. The Board will consider the Administrative Law Judge's Recommended Order, as well as any objections or exceptions presented by the Department or the subject. In these cases, the Board is restricted to the evidence and record that was presented to the Administrative Law Judge during the Formal Hearing, and cannot hear or accept any new evidence. After considering the Recommended Order, the Board will issue a Final Order reflecting their final decision on the case.

If the subject fails to respond to an Administrative Complaint within twenty-one (21) days of service, the right to dispute the issues of material fact may be waived. In the event of a waiver, the case may be heard by the Board at an Informal Waiver Hearing. An Informal Waiver Hearing is, essentially, identical to an Informal Hearing. The Board will review the case, and determine whether the subject should be disciplined and what kind of discipline, if any, is appropriate.

The complainant has the right to attend any and all of these public hearings, but is not required to do so unless called as a witness by the Department or by the subject. The complainant also has the right to present oral or written communication regarding the alleged violation or the penalty the Board may impose.

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

**MEMORANDUM OF PROBABLE CAUSE PANEL FINDINGS**

**TO:** Department of Health

**FROM:** Board of Nursing, Central Probable Cause Panel

**SUBJECT:** DENISE ANN HEDINGTON, R.N. CASE NO.: 2013-07539

**DATE OF PROBABLE CAUSE MEETING:** November 25, 2013

This matter was brought before a Probable Cause Panel composed of:

**Horne & Newman A-05(LL)**

The panel, having received the investigative report and supplemental materials, having carefully reviewed said documentation and the recommendation of the agency/department, and having had the opportunity to inquire of counsel, finds that:

XX Probable cause exists herein that the Subject violated the following statutes/rules:

**Count 1: Section 464.018(1)(h), F.S. (2012), defined by Rule 64B-8.005(1), F.A.C.**

**Count 2: Section 464.018(1)(f), F.S. (2012)**

The panel suggests imposing the following penalty:


**Costs & VGB**

Probable cause does not exist and the case should be closed with the following closure code:

In lieu of a finding of probable cause, the above named licensee shall be issued a letter of guidance to address the conduct in question:

The panel has requested supplemental or additional information on the following:

Other \_\_\_\_\_

  
CHAIRPERSON, PROBABLE CAUSE PANEL  
BOARD OF NURSING

**Florida Department of Health**

Office of the General Counsel • Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-1701  
Express mail address: 2585 Merchants Row - Suite 105  
PHONE: 850/245-4444 • FAX 850/245-4683

[www.FloridasHealth.com](http://www.FloridasHealth.com)

TWITTER: HealthyFLA

FACEBOOK: FLDepartmentofHealth

YOUTUBE: fldoh

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**PETITIONER,**

**v.**

**CASE NO. 2013-07539**

**DENISE ANN HEDINGTON, R.N.,**

**RESPONDENT.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Denise Ann Hedington, R.N., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Administrative Complaint, Respondent was a registered nurse (R.N.) within the state of Florida, having been issued license number RN 9163225.

3. Respondent's address of record is 2920 39<sup>th</sup> Avenue North, St. Petersburg, Florida 33714.

4. At all times material to this Administrative Complaint, Respondent was employed by Palms of Pasadena Hospital (PPH), located in St. Petersburg, Florida. Respondent worked in the emergency department at PPH.

5. At all times material to this Administrative Complaint, PPH utilized the Pyxis system to keep accurate records of medication. Pyxis is an automated medication dispensing system used to store and dispense controlled substances for patients. Nurses can access the Pyxis system only through the use of a personal identification code and password. Whenever a nurse withdraws a controlled substance from the Pyxis system, the name of that nurse, the name of the patient for whom the substance was withdrawn, and the type and quantity of substance that was withdrawn are automatically documented by the Pyxis system.

6. In order to accurately record patient care, the nurse removing controlled substances for a patient must document the time the medication is administered to the patient on the patient's medical record. If a controlled substance is removed for a patient, but not administered to that

patient, the discard, or waste of that controlled substance must be accurately recorded. The controlled substance is discarded in the presence of a witness. The nurse discarding the controlled substance must document the waste.

7. PHH's Safe Order Writing Policy discourages nurses from accepting verbal orders from physicians. In pertinent part, the policy provides that verbal orders shall only be taken "in extreme situations where the physician is unable to write the order and sign. Verbal orders are not acceptable if the prescriber is physically present...The physician must co-sign a verbal or telephone order within 48 hours of the order being written."

8. On or about April 26, 2013, Respondent documented a verbal order for a two (2) milligram dose of morphine to be administered to Patient C.S.

9. Morphine is prescribed to treat pain. According to Section 893.03(2), Florida Statutes, morphine is a Schedule II controlled substance that has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States. Abuse of morphine may lead to severe psychological or physical dependence.



10. On or about April 26, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient C.S.

11. Respondent documented administering two (2) milligrams of morphine to Patient C.S. Respondent failed to document administering or wasting the remaining morphine.

12. On or about April 27, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient H.S.

13. On or about April 27, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient H.S.

14. Respondent failed to document administering morphine to Patient H.S., or wasting the remaining morphine.

15. On or about April 28, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient A.E.

16. On or about April 28, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient A.E.

17. Respondent failed to document administering morphine to Patient A.E., or wasting the remaining morphine.

18. On or about April 28, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient R.F.

19. On or about April 28, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient R.F.

20. Respondent documented administering four (4) milligrams of morphine to Patient R.F. Respondent failed to document administering or wasting the remaining six (6) milligrams of morphine.

21. On or about April 28, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient E.P.

22. On or about April 28, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient E.P.

23. Respondent documented administering four (4) milligrams of morphine to Patient E.P. Respondent did not document administering or wasting the remaining six (6) milligrams of morphine.

24. On or about April 29, 2013, Respondent documented three (3) verbal orders for four (4) milligram doses of morphine to be administered to Patient S.S.

25. On or about April 29, 2013, at approximately 12:56 a.m., Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.S.

26. Respondent documented administering four (4) milligrams of morphine to Patient S.S. Respondent failed to document administering or wasting the remaining (6) milligrams of morphine.

27. On or about April 29, 2013, at approximately 1:59 a.m., Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.S.

28. Respondent documented administering four (4) milligrams of morphine to Patient S.S. Respondent failed to document administering or wasting the remaining six (6) milligrams of morphine.

29. On or about April 29, 2013, at approximately 4:34 a.m. Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.S.

30. Respondent documented administering four (4) milligrams of morphine to Patient S.S. Respondent failed to document administering or wasting the remaining six (6) milligrams of morphine.

31. On or about April 29, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient J.A.

32. On or about April 29, 2013, Respondent removed five (5) milligrams of morphine ostensibly for Patient J.A.

33. Respondent documented administering four (4) milligrams of morphine to Patient J.A. Respondent failed to document administering or wasting the remaining milligram of morphine.

34. On or about April 30, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient C.V.

35. On or about April 30, 2013, Respondent removed eight (8) milligrams of morphine ostensibly for Patient C.V.

36. Respondent documented administering four (4) milligrams of morphine to Patient C.V. Respondent failed to document administering or wasting the remaining four (4) milligrams of morphine.

37. On or about April 30, 2013, Respondent documented a verbal order for a four (4) milligram dose of morphine to be administered to Patient R.L.

38. On or about April 30, 2013, Respondent removed eight (8) milligrams of morphine ostensibly for Patient R.L.

39. Respondent documented administering four (4) milligrams of morphine to Patient R.L. Respondent failed to document administering or wasting the remaining four (4) milligrams of morphine.

40. On or about April 30, 2013, Respondent documented a verbal order for five (5) milligrams of morphine to be administered to Patient M.B.

41. On or about April 30, 2013, Respondent removed five (5) milligrams of morphine ostensibly for Patient M.B.

42. Respondent documented administering five (5) milligrams of morphine to Patient M.B.

43. On or about May 1, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.M.

44. Respondent did not document a verbal order for Patient S.M. to receive morphine. Respondent did not document administering the morphine to Patient S.M., or wasting the morphine.

45. On or about May 1, 2013, Patient S.K. was prescribed three (3) milligrams of morphine, every three (3) hours or as needed for pain.

46. On or about May 1, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient S.K.

47. Respondent documented administering three (3) milligrams of morphine to Patient S.K. Respondent failed to document administering or wasting the remaining seven (7) milligrams of morphine.

48. On or about May 1, 2013, Respondent documented a verbal order for two (2) milligrams of morphine to be administered to Patient A.E.

49. On or about May 1, 2013, Respondent removed ten (10) milligrams of morphine ostensibly for Patient A.E.

50. Respondent documented administering two (2) milligrams of morphine to Patient A.E. Respondent failed to document administering or wasting the remaining eight (8) milligrams of morphine.

51. During an investigation, PPH administrators questioned the physicians who allegedly issued the above referenced verbal orders according to Respondent's documentation. With the exception of the order for Patient S.K., the physicians denied issuing any of the orders.

52. On or about May 30, 2013, Respondent was discharged from her employment for violating PPH's Safe Order Writing Policy.

### **COUNT ONE**

53. Petitioner realleges and incorporates paragraphs one (1) through fifty-two (52) as if fully set forth herein.

54. Section 464.018(1)(h), Florida Statutes (2012), provides that unprofessional conduct as defined by board rule constitutes grounds for disciplinary action.

55. Rule 64B9-8.005(1), Florida Administrative Code, provides that unprofessional conduct includes inaccurate recording.

56. Respondent engaged in unprofessional conduct by failing to document administering or wasting a total of ninety-two (92) milligrams of morphine ostensibly removed for patients.

57. Based on the foregoing, Respondent violated Section 464.018(1)(h), Florida Statutes (2012), by engaging in unprofessional conduct as defined by Rule 64B-8.005(1), Florida Administrative Code, which includes inaccurate recording.

### **COUNT TWO**

58. Petitioner realleges and incorporates paragraphs one (1) through fifty-two (52) as if fully set forth herein.

59. Section 464.018(1)(f), Florida Statutes (2012), provides that making or filing a false report or record, which the licensee knows to be

false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so is grounds for disciplinary action.

60. As set forth above, from on or about April 26, 2013, through on or about May 1, 2013, Respondent documented verbal orders for narcotic pain medication which had not been issued or authorized by a physician.

61. Based on the foregoing, Respondent violated Section 464.018(1)(f), Florida Statutes (2012), by making or filing a false report or record which the licensee knows to be false.



WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 25<sup>th</sup> day of November, 2013.

JOHN H. ARMSTRONG, MD, FACS  
State Surgeon General and Secretary of Health



Lauren A. Leikam  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0088700  
(850) 414 - 4444 Telephone  
(850) 414 - 1991 Facsimile

FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK: *Bridget Coates*  
DATE: *11-26-13*

/LAL  
PCP: 11/25/13  
PCP Members: Horne & Newman

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**



STATE OF FLORIDA

DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

Office: St. Petersburg		Date of Case: 05/10/13		Case Number: RN 2013-07539	
Subject: <b>DENISE ANN HEDINGTON, R.N.</b> 2920 39 <sup>th</sup> Avenue North St. Petersburg, Florida 33714 (727)282-6221			Source: <b>ANDREA CLYNE</b> PALMS OF PASADENA HOSPITAL (PPH) 1501 Pasadena Avenue South St. Petersburg, Florida 33707 (727)341-7624		
Prefix: RN	License #: 9163225	Profession: Registered Nurse	Board: Board of Nursing	Report Date: 05/29/13	
Period of Investigation: 05/14/13 – 05/29/13			Type of Report: Final		
Alleged Violation: SS. 456.072(1)(k)(z)(dd) and 464.018(1)(i)(j)(o), F.S. Failure to perform statutory/legal obligation; Possible impairment; Violate statute/rule; Engaging or attempting to engage in the possession.					
Synopsis: This investigation is predicated upon receipt of a Case Summary and related documents from CLYNE, Chief Nursing Officer with PALMS OF PASADENA HOSPITAL (PPH), (Exh. 1) which relay allegations <b>HEDINGTON</b> wrote multiple verbal orders for narcotics on patient's charts between 04/26/13 and 05/01/13. There is no documentation as to who witnessed the wastage of left over narcotics, leaving 91 mg of Morphine unaccounted for. <b>HEDINGTON'S</b> employment was terminated.  A hand service of the notification letter dated 05/15/13 (Exh. 2) containing a copy of the Case Summary and attachments was attempted at the address of 2920 39 <sup>th</sup> Avenue North, St. Petersburg, Florida 33714; however <b>HEDINGTON</b> was not present and the female youth was only 11 years old. The notification letter containing a copy of the Case Summary and attachments was mailed to <b>HEDINGTON</b> on 05/15/13.  A search of the DOH licensure database reveals <b>HEDINGTON</b> is a licensed Registered Nurse. The license was first issued 11/15/1999 and is scheduled to expire 04/30/2015.  No patient(s) was/were identified, thus patient notification was not required.  Status 30 Letter was mailed to PPH on 05/15/13 (Exh. 3).  <b>HEDINGTON is not represented by an attorney in this matter.</b>  <b>HEDINGTON</b> has not responded to the allegations as of the date of this report.					
Related Case(s): NONE					
Investigator/Date:  Adam Petrizzo, MMI, PI 48			Approved By/Date:  Karen Hanzal, Investigations Supervisor, PI 28		
Distribution: HQ/ISU					

RECEIVED-LEGAL  
13 JUN -3 AM/IG: 20

Received  
Investigative Services  
MAY 31 2013

TABLE OF CONTENTS

I. INVESTIGATIVE REPORT COVER ..... 1

II. TABLE OF CONTENTS ..... 2

III. INVESTIGATIVE DETAILS

    Summary of Exhibits/Records/Documents ..... 3

Interviews/Statements:

    ANDREA CLYNE – (Source)..... 4

    DEANNA D. SHUBE, R. PH. – (Witness)..... 4

    PAMELA J. MOREL, Nursing Director – (Witness)..... 5

    DENISE A. HEDINGTON, R.N. – (Subject)..... 5

IV. EXHIBITS

\* 1. Case Summary and attachments ..... 6-77

\* 2. Copy of Notification letter, Dated 05/15/13 ..... 78-83

\* 3. Status 30 Letter, Dated 05/15/13..... 84

**\*EXHIBITS CONTAIN INFORMATION WHICH IDENTIFIES PATIENT(S) BY NAME AND ARE SEALED PURSUANT TO SECTION 456.057(10)(a), FLORIDA STATUTES**

**\*\*THESE RECORDS ARE SEALED PURSUANT TO SECTION 456.057(10)(a), FLORIDA STATUTES AND COPIES OF SAME ARE NOT MAINTAINED IN THE ST. PETERSBURG INVESTIGATIVE SERVICES OFFICE**

**\*\*\*THIS EXHIBIT CONTAINS CONFIDENTIAL RECORDS CONCERNING REPORTS OF ABUSE, NEGLECT OR EXPLOITATION OF THE VULNERABLE ADULT, INCLUDING REPORTS MADE TO THE CENTRAL ABUSE HOTLINE, AND IS SEALED PURSUANT TO SECTION 415.107(1), FLORIDA STATUTES**

**INVESTIGATIVE DETAILS****SUMMARY OF EXHIBITS/RECORDS/DOCUMENTS**

**Exhibit 1** is records provided by CSU obtained from Palms of Pasadena Hospital (PPH) received on 05/16/13 with the Case Summary and related documents. The records reflect HEDINGTON, who worked in the Emergency Department, could not account for 91 mg of morphine she administered from 04/16/13 until 05/01/13. These records include the Physician Orders, Nursing Notes, Pyxis Machine records, Narcotic Waste Sheet, and PPH'S Policies and Procedures.

- The Policy Title: Safe Order Writing, Verbal/Telephone Orders, reflect "Procedure: B. 3. Do not add orders after completion. Once an order is signed, write any further orders as new orders. 4. Do not go back and modify an existing order. Discontinue the previous order and write a new one instead. C. Verbal orders are discouraged and taken only in extreme situations where the physician is unable to write the order and sign. Verbal orders are not acceptable if the prescriber is physically present. Every effort should be made to have the prescriber write the order..." (pgs. 69-70).
- The Policy Title: Scheduled Drugs, reflected "Procedure. A. 3. The disposition of all controlled substances must be documented. Administration to the patient will be documented in the patient medical record, wastage will be documented in Pyxis with a witness, and a reverse distributor will be used to return expired controlled substances...E. 8. Any significant loss and all thefts of controlled substances will be reported to the DEA within 24 hours followed by a DEA Form 106. The loss or theft final investigative report will be due to the DEA within 60 days. A copy of the report will be forwarded to the State Board of Pharmacy. F. 2. A random monthly audit process will be used to check medication orders versus what is taken from Pyxis versus what is documented in the patients' medical record in areas where controlled substances are administered. 3. The data mining tool will be used to screen for opportunities to identify diversion. Reports are shared with patient care managers." (pgs. 72-73).
- The Policy Title: Medication Orders, reflected "Procedure: E. Telephone or verbal orders are to be used infrequently and when used...H. Verbal/telephone orders, when used, should be used infrequently. The hospital will continually reduce verbal/telephone orders." (pg. 75).
- The Policy Title: Physician Orders Transcribing reflected "Procedure. 8. Verbal/telephone orders, when used, should be used infrequently. The use of verbal orders especially is discouraged except for emergent situations." (pg. 77).
- The PYXIS automated dispensing machine records for HEDINGTON from 04/26/13 to 05/01/13. (pgs. 15-17).

**Exhibit 3** is a copy of the Status 30 Letter sent to Palms of Pasadena Hospital on 05/15/13.

**INVESTIGATOR'S NOTE:** an online search revealed HEDINGTON had a prior arrest for Driving While License/Susp/Revoked on 11/14/08 and was adjudicated guilty on 12/03/08 for case # 522008CT144583.

**INTERVIEW/STATEMENT OF ANDREA CLYNE, CHIEF NURSING OFFICER (SOURCE)**

## Employment Address:

Palms of Pasadena Hospital  
1501 Pasadena Avenue South  
St. Petersburg, Florida 33707  
(727)341-7624

In CLYNE'S original complaint/statement dated 05/07/13 she alleged that between 04/26/13 and 05/01/13 HEDINGTON wrote multiple verbal orders for narcotics on patients' charts. There is no documentation as to who witnessed the wastage of the left over narcotics leaving 91 mg of morphine unaccounted for.

CLYNE was interviewed, by phone, on 05/15/13 at approximately 12:10PM. She stated HEDINGTON was terminated based on their policies and procedures on "wasted meds". CLYNE stated HEDINGTON was not drug tested and did not act impaired the whole time "they were watching her". She stated a night nurse and a doctor, MARK CASANTA (ME # 73964), were "chatting" about the narcotics pulled by HEDINGTON when a passing security guard overheard the conversation. CLYNE stated the security guard then went to the pharmacy and reported the conversation to them. She stated it was not an impairment issue with HEDINGTON, but rather HEDINGTON was possibly selling the medication. CLYNE stated HEDINGTON is a single mother with lots of children and "something is going on". She stated HEDINGTON had no explanation as to where the 91 mg of morphine went. CLYNE stated it was "blatant and obvious" she was not doing the right thing and they do not allow verbal orders at their facility. She stated HEDINGTON told them sometimes she could not find the patient in the machine to waste the medication and so she would manually enter the patients name to waste the medication. CLYNE stated she checked the machine to determine if that was the case, but there were no records of that.

**INTERVIEW OF DEANNA D. SHUBE, R. PH (LICENSE # 31504) (WITNESS)**

## Employment Address:

Palms of Pasadena Hospital  
1501 Pasadena Avenue South  
St. Petersburg, Florida 33707  
(727)341-7856-W

SHUBE was interviewed, by phone, on 05/29/13 at approximately 11:00AM. She stated she has been the clinical manager in their pharmacy since January 2011. SHUBE stated HEDINGTON had multiple controlled substance drug removals from the Pyxis Machine for quantities much larger than the ordered amount. She stated HEDINGTON would remove a 10 mg vial of morphine from the Pyxis Machine instead of a 2 mg vial as ordered. SHUBE stated in many of the cases there was no waste accounted for or witnessed. She stated HEDINGTON was stealing the medication, but could not be sure if HEDINGTON was selling the extra medication or using it. SHUBE stated there were inappropriate verbal orders that were written, but not given by a physician. She stated a security guard overheard a conversation between a physician and nurse about HEDINGTON removing medications and not wasting the excess properly and came to her with the information. SHUBE stated she then did an internal audit and looked at HEDINGTON'S drug removals against the physician orders, against what was provided to the patient, against the waste left over, against what was witnessed being wasted. She stated there were no video cameras in the area at the time, but they have since installed cameras to observe that area.

**INTERVIEW OF PAMELA J. MOREL, NURSING DIRECTOR (WITNESS)**

Employment Address:  
Palms of Pasadena Hospital  
1501 Pasadena Avenue South  
St. Petersburg, Florida 33707  
(727)341-7809-W

MOREL was interviewed, in person, on 05/30/13 at approximately 10:15AM. She stated a security guard came forward after overhearing a conversation between a physician and a nurse. MOREL stated HEDINGTON "was flagged" for pulling controlled substances of 10 mg and that MOREL "pulled a report and looked at the charts". She stated she talked with physicians who confirmed they did not submit verbal orders for what HEDINGTON was administering. MOREL stated HEDINGTON was then called in for a meeting and terminated for violating their policies and procedures. She stated HEDINGTON stated to them that she wasted medications sometimes and did not know why it was not in the system. MOREL stated HEDINGTON did not provide a "real response because there was nothing she could say". She stated HEDINGTON stated she had an attorney and would sue Palms of Pasadena Hospital. MOREL stated HEDINGTON was a "pathological liar" and believed HEDINGTON was possibly using and diverting the morphine. She stated there was no reason to do a drug test on HEDINGTON since she already violated their policies and procedures.

**INTERVIEW/STATEMENT OF DENISE A. HEDINGTON, RN (LICENSE # 9163225) (SUBJECT)**

Home Address:  
2920 39<sup>th</sup> Avenue North  
St. Petersburg, Florida 33714  
(727)282-6221-C

This investigator attempted to contact HEDINGTON in person, by mail and telephone with no success. HEDINGTON was unable to be interviewed for this case.

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**Case Nos. 2012-15645**

**v.**

**TIFFANY CRESSITA WILLIS, L.P.N.,**

**Respondent.**

\_\_\_\_\_ /

**AMENDED ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Amended Administrative Complaint before the Board of Nursing against Respondent, Tiffany Cressita Willis, L.P.N., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.

2. At all times material to this Amended Complaint, Respondent was a licensed practical nurse (L.P.N.) within the state of Florida, having been issued license number PN 5177791.



3. Respondent's address of record is 3206 Clark Drive, Sarasota, Florida 34234.

4. At all times material to this Amended Complaint, Respondent was employed as a licensed practical nurse (L.P.N.) at Crossbreeze Care Center (Crossbreeze), a skilled nursing facility in Sarasota, Florida.

5. At all times material to this Amended Complaint, Resident J.L. was a 63 year-old resident of Crossbreeze.

6. At all time material to this Amended Complaint, Resident J.L. had a savings account with Bank of America.

7. On or about May 22, 2012, Bank of America issued Resident J.L. an ATM card for his Bank of America savings account.

8. On or about May 22, 2012, Respondent helped Resident J.L. activate his ATM card his Bank of America savings account.

9. From on or about May 22, 2012 until on or about October 3, 2012, Respondent retained possession of Resident J.L.'s Bank of America ATM card for Resident J.L.'s savings account.

10. From on or about June 5, 2012 until on or about August 27, 2012, Respondent used Resident J.L.'s Bank of America ATM card and

withdrew approximately \$2,979.20 from Resident J.L.'s Bank of America savings account, for her personal use.

11. From on or about June 5, 2012 until on or about August 27, 2012, Resident J.L. did not authorize Respondent to use his Bank of America ATM card to withdraw money from his Bank of America savings account.

12. On or about December 11, 2012, in the Circuit Court for the Twelfth Judicial Circuit, in and for Sarasota County, Florida, in case no. 2012-CF-016635-NC, Respondent was charged with one count of Grand Theft, a third degree felony, in violation of Section 812.014(2)(c)1, Florida Statutes, and one count of Fraudulent Use of a Credit Card, a third degree felony, in violation of Section 817.61, Florida Statutes.

13. On or about November 4, 2013, in the Circuit Court for the Twelfth Judicial Circuit, in and for Sarasota County, Florida, in case no. 2012-CF-016635-NC, Respondent entered a plea of nolo contendere to one count of Larceny – Theft of More Than \$300.00, Less Than \$5,000.00, a third degree felony, in violation of Section 812.014(2)(c)1, Florida Statutes.

14. Respondent failed to report her plea of nolo contendere to the Board or the Department, in writing, within 30 days of the date of entering the plea.

**COUNT ONE**

15. Petitioner realleges and incorporates paragraphs one (1) through fourteen (14) as if fully set forth herein.

16. Section 456.072(1)(x), Florida Statutes (2013), provides that failure to report to the board, or department, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction, constitutes grounds for disciplinary action by the Board of Nursing.

17. Respondent failed to report her plea of nolo contendere to one count of Larceny – Theft of More Than \$300.00, Less Than \$5,000.00 to the Board or the Department, in writing, within 30 days of the date she entered the plea.

18. Based on the foregoing, Respondent violated Section 456.072(1)(x), Florida Statutes (2013), by failing to report to the board, or department, in writing within 30 days after the licensee had been convicted

or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction.

## **COUNT TWO**

19. Petitioner realleges and incorporates paragraphs one (1) through fourteen (14), as if fully set forth herein.

20. Section 464.018(1)(e), Florida Statutes (2013), provides that being found guilty of, regardless of adjudication, or entering a plea of nolo contendere or guilty to, any offense prohibited under Section 435.04, Florida Statutes (2013), constitutes grounds for disciplinary action.

21. Section 435.04(2)(cc), Florida Statutes (2013), lists violations of Chapter 812, Florida Statutes (2013), relating to theft, robbery, and related crimes, if the offense was a felony.

22. As described above, on or about November 4, 2013, in the Circuit Court for the Twelfth Judicial Circuit, in and for Sarasota County, Florida, Respondent entered a plea of nolo contendere to one count of Larceny – Theft of More Than \$300.00, Less Than \$5,000.00, a third degree felony, in violation of Section 812.014(2)(c)1, Florida Statutes.

23. Based on the foregoing, Respondent Section 464.018(1)(e), Florida Statutes (2013), by violating Section 435.04(2)(z), Florida Statutes

(2013), by entering a plea of nolo contendere to an offense prohibited by Chapter 812, Florida Statutes, relating to theft, robbery, and related crimes.

### **COUNT THREE**

24. Petitioner realleges and incorporates paragraphs one (1) through fourteen (14), as if fully set forth herein.

25. Section 464.018(1)(h), Florida Statutes (2011)(2012), provides that unprofessional conduct, as defined by board rule, constitutes grounds for discipline.

26. Rule 64B9-8.005(4), Florida Administrative Code, provides that unprofessional conduct includes stealing from a patient.

27. As set forth above, Respondent engaged in unprofessional conduct by stealing approximately \$2,979.20 from Resident J.L.'s Bank of America savings account.

28. Based on the foregoing, Respondent violated Section 464.018(1)(h), Florida Statutes (2011)(2012), by engaging in unprofessional conduct, as defined by Rule 64B9-8.005(4), Florida Administrative Code, by stealing from a patient.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

**SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 2015.**

John H. Armstrong, MD, FACS  
Surgeon General and Secretary of Health

---

Mary S. Miller  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0780420  
Telephone (850) 245 – 4444, ext. 8104  
Facsimile (850) 245 – 4683  
Mary.Miller2@flhealth.gov

/MSM

PCP:

PCP Members:

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH**

**DEPARTMENT OF HEALTH,**

**Petitioner,**

**Case No. 2012-15645**

**v.**

**TIFFANY CRESSITA WILLIS, L.P.N.,**

**Respondent.**

---

**ADMINISTRATIVE COMPLAINT**

COMES NOW, Petitioner, Department of Health, by and through its undersigned counsel, and files this Administrative Complaint before the Board of Nursing against Respondent, Tiffany Cressita Willis, L.P.N., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of nursing pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 464, Florida Statutes.
2. At all times material to this Complaint, Respondent was a licensed practical nurse (L.P.N.) within the state of Florida, having been issued license number PN 5177791.



3. Respondent's address of record is 3206 Clark Drive, Sarasota, Florida 34234.

4. At all times material to this Complaint, Respondent was employed as a licensed practical nurse (L.P.N.) at Crossbreeze Care Center (Crossbreeze), a skilled nursing facility in Sarasota, Florida.

5. At all times material to this Complaint, Resident J.L. was a 63 year-old resident of Crossbreeze.

6. At all time material to this Complaint, Resident J.L. had a savings account with Bank of America.

7. On or about May 22, 2012, Bank of America issued Resident J.L. an ATM card for his Bank of America savings account.

8. On or about May 22, 2012, Respondent assisted Resident J.L. activate his ATM card for savings account.

9. From on or about May 22, 2012 until on or about October 3, 2012, Respondent retained possession of Resident J.L.'s Bank of America ATM card for Resident J.L.'s savings account.

10. On or about June 5, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$1,479.00 from Resident J.L.'s Bank of America savings account.

11. On or about June 5, 2012, Respondent did not give Resident J.L. the \$1,479.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

12. On or about June 5, 2012, Respondent did not give Resident J.L. a receipt for the \$1,479.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

13. On or about July 12, 2012, Respondent used Patient J.L.'s Bank of America ATM card and withdrew approximately \$41.95 at Citgo Quick Stop from Resident J.L.'s Bank of America savings account.

14. On or about July 12, 2012, Respondent did not give Resident J.L. the \$41.95 Respondent withdrew from Resident J.L.'s Bank of America savings account.

15. On or about July 12, 2012, Respondent did not give Resident J.L. a receipt for the \$41.95 Respondent withdrew from Resident J.L.'s Bank of America savings account.

16. On or about July 19, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$300.00 at a Bank of America ATM from Resident J.L.'s Bank of America savings account.

17. On or about July 19, 2012, Respondent did not give Resident J.L. the \$300.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

18. On or about July 19, 2012, Respondent did not give Resident J.L. a receipt for the \$300.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

19. On or about July 23, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$200.00 at a Bank of America ATM from Resident J.L.'s Bank of America savings account.

20. On or about July 23, 2012, Respondent did not give Resident J.L. the \$200.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

21. On or about July 23, 2012, Respondent did not give Resident J.L. a receipt for the \$200.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

22. On or about July 24, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$102.00 at a Star Mini Mart ATM from Resident J.L.'s Bank of America savings account.

23. On or about July 24, 2012, Respondent did not give Resident J.L. the \$102.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

24. On or about July 24, 2012, Respondent did not give Resident J.L. a receipt for the \$102.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

25. On or about July 25, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$100.00 at a Bank of America ATM from Resident J.L.'s Bank of America savings account.

26. On or about July 25, 2012, Respondent did not give Resident J.L. the \$100.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

27. On or about July 25, 2012, Respondent did not give Resident J.L. a receipt for the \$100.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

28. On or about July 26, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$122.50 at a Newtown Mini Mart ATM from Resident J.L.'s Bank of America savings account.

29. On or about July 26, 2012, Respondent did not give Resident J.L. the \$122.50 Respondent withdrew from Resident J.L.'s Bank of America savings account.

30. On or about July 26, 2012, Respondent did not give Resident J.L. a receipt for the \$122.50 Respondent withdrew from Resident J.L.'s Bank of America savings account.

31. On or about July 30, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$81.95 at a Citgo Quick Stop ATM from Resident J.L.'s Bank of America savings account.

32. On or about July 30, 2012, Respondent did not give Resident J.L. the \$81.95 Respondent withdrew from Resident J.L.'s Bank of America savings account.

33. On or about July 30, 2012, Respondent did not give Resident J.L. a receipt for the \$81.95 Respondent withdrew from Resident J.L.'s Bank of America savings account.

34. On or about August 6, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$161.95 at a Citgo Quick Stop ATM from Resident J.L.'s Bank of America savings account.

35. On or about August 6, 2012, Respondent did not give Resident J.L. the \$161.95 Respondent withdrew from Resident J.L.'s Bank of America savings account.

36. On or about August 6, 2012, Respondent did not give Resident J.L. a receipt for the \$161.95 Respondent withdrew from Resident J.L.'s Bank of America savings account.

37. On or about August 6, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$42.00 at Expreb Grocery from Resident J.L.'s Bank of America savings account.

38. On or about August 6, 2012, Respondent did not give Resident J.L. the \$42.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

39. On or about August 6, 2012, Respondent did not give Resident J.L. a receipt for the \$42.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

40. On or about August 7, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$82.00 at Expreb Grocery from Resident J.L.'s Bank of America savings account.

41. On or about August 7, 2012, Respondent did not give Resident J.L. the \$82.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

42. On or about August 7, 2012, Respondent did not give Resident J.L. a receipt for the \$82.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

43. On or about August 17, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$81.95 at a Citgo Quick Stop ATM from Resident J.L.'s Bank of America savings account.

44. On or about August 17, 2012, Respondent did not give Resident J.L. the \$81.95 Respondent withdrew from Resident J.L.'s Bank of America savings account.

45. On or about August 17, 2012, Respondent did not give Resident J.L. a receipt for the \$81.95 Respondent withdrew from Resident J.L.'s Bank of America savings account.

46. On or about August 23, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$81.95 at a Citgo Quick Stop ATM from Resident J.L.'s Bank of America savings account.

47. On or about August 23, 2012, Respondent did not give Resident J.L. the \$81.95 Respondent withdrew from Resident J.L.'s Bank of America savings account.

48. On or about August 23, 2012, Respondent did not give Resident J.L. a receipt for the \$81.95 Respondent withdrew from Resident J.L.'s Bank of America savings account.

49. On or about August 24, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$22.00 at Expreb Grocery from Resident J.L.'s Bank of America savings account.

50. On or about August 24, 2012, Respondent did not give Resident J.L. the \$22.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

51. On or about August 24, 2012, Respondent did not give Resident J.L. a receipt for the \$22.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

52. On or about August 27, 2012, Respondent used Resident J.L.'s Bank of America ATM card and withdrew approximately \$80.00 at a Bank of America ATM from Resident J.L.'s Bank of America savings account.



53. On or about August 27, 2012, Respondent did not give Resident J.L. the \$80.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

54. On or about August 27, 2012, Respondent did not give Resident J.L. a receipt for the \$80.00 Respondent withdrew from Resident J.L.'s Bank of America savings account.

55. From on or about June 5, 2012 until on or about August 27, 2012, Resident J.L. did not personally use his Bank of America ATM card.

56. From on or about June 5, 2012 until on or about August 27, 2012, Resident J.L. did not authorize Respondent to use his Bank of America ATM card to withdraw money from his Bank of America savings account.

57. From on or about June 5, 2012 until on or about August 27, 2012, Respondent used Resident J.L.'s Bank of America ATM card approximately 15 times for her personal use.

58. From on or about June 5, 2012 until on or about August 27, 2012, Respondent withdrew approximately \$2,979.20 from Resident J.L.'s Bank of America savings account.

59. On or about December 11, 2012, in the Circuit Court for the Twelfth Judicial Circuit, in and for Sarasota County, Florida, in case number 2012-CF-016635-NC, Respondent was charged with one count of Grand Theft, a third degree felony, in violation of Section 812.014(2)(c)1, Florida Statutes, and one count of Fraudulent Use of a Credit Card, a third degree felony, in violation of Section 817.61, Florida Statutes. The criminal case is ongoing.

60. Section 464.018(1)(h), Florida Statutes (2011)(2012), provides that unprofessional conduct, as defined by board rule, constitutes grounds for discipline.

61. Rule 64B9-8.005(4), Florida Administrative Code, provides that unprofessional conduct includes stealing from a patient.

62. As set forth above, Respondent engaged in unprofessional conduct by stealing approximately \$2,979.20 from Resident J.L.'s Bank of America savings account.

63. Based on the foregoing, Respondent violated Section 464.018(1)(h), Florida Statutes (2011)(2012), by engaging in unprofessional conduct, as defined by Rule 64B9-8.005(4), Florida Administrative Code, by stealing from a patient.

WHEREFORE, the Petitioner respectfully requests that the Board of Nursing enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 22<sup>nd</sup> day of February, 2013.

John H. Armstrong, MD, FACS  
Surgeon General and Secretary of Health

Mary S. Miller  
Mary S. Miller  
Assistant General Counsel  
DOH Prosecution Services Unit  
4052 Bald Cypress Way, Bin C-65  
Tallahassee, Florida 32399-3265  
Florida Bar Number 0780420  
Telephone (850) 245 - 4640  
Facsimile (850) 245 - 4683  
Mary\_Miller2@doh.state.fl.us

**FILED**  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK: Angela Cox  
DATE 2-22-13

PCP: February 22, 2013  
PCP Members: Ramp + Habgood  
/MM

## **NOTICE OF RIGHTS**

**Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.**

## **NOTICE REGARDING ASSESSMENT OF COSTS**

**Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.**



STATE OF FLORIDA  
**DEPARTMENT OF HEALTH**

**INVESTIGATIVE REPORT**

Office: Ft. Myers		Date of Case: 10/19/12		Case Number: PN 2012-15645	
Subject: <b>TIFFANY CRESSITA WILLIS, LPN</b> 3206 Clark Dr. Sarasota, FL 34234 (941) 355-6574 (H)			Source: <b>PHILIP H. HIBNICK</b> 1722 18 <sup>TH</sup> Street Crossbreeze Care Center Sarasota, FL 34233 (941) 955-4915 (W)		
Prefix: PN	License #: 5177791	Profession: Licensed Practical Nurse	Board: Nursing	Report Date: 01/08/13	
Period of Investigation: 10/23/12 through 01/08/13			Type of Report: <b>FINAL</b>		
Alleged Violation: F.S. 456.072(1)(dd): The following acts shall constitute grounds for which the disciplinary action specified in subsection (2) may be taken: Violating any provision of this chapter, the applicable practice act, or any rules adopted pursuant thereto. 464.018(1)(h)(o) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2). Unprofessional Conduct... Violating any provisions of this chapter or chapter 456, or any rules adopted pursuant thereto. F.A.C. 64B9-8.005(4): Stealing from a patient.					
Synopsis: This investigation is predicated upon the receipt of a Healthcare Practitioner Complaint form, and Case Summary, Exhibit 1, submitted by PHILIP H. HIBNICK, Administrator for Crossbreeze Care Center, alleging, TIFFANY CRESSITA WILLIS, LPN misappropriated approximately \$1,500.00 from patient JL, 64 y.o.a/Male.					
WILLIS was notified of the investigation by letter sent on October 23, 2012, Exhibit 2, and was provided a copy of the case summary and attachments, Exhibit 1.					
A check of the DOH computer licensure system reveals WILLIS is currently a Licensed Practical Nurse, with clear and active status.					
Patient Notification made in person on January 7, 2013.					
<b>WILLIS is not known to be represented by an attorney.</b>					
WILLIS denies the allegation.					
Related Case: None					
Investigator/Date: <i>Frank A. Ashline</i> 01/08/13 Frank A. Ashline, FI-70			Approved By/Date: 1/08/13 <i>Judy Nichols</i> Judy Nichols, Investigation Manager		
Distribution: HQ/ISU					Page 1

Received  
Investigative Services

JAN 10 2013

DOH/MQA  
Tallahassee HQ

I. INVESTIGATIVE REPORT COVER..... 1

II. TABLE OF CONTENTS .....2

III. INVESTIGATIVE DETAILS

    Summary of Exhibits/Records/Documents .....3 - 6

Interviews/Statements:

    Interview of PHILIP H. HIBNICK, Administrator - Source .....4

    Interview of EARL RUTLAND, Investigator/AG – Witness.....4

    Interview of JL – Patient.....5

    Interview of JAVIER ORTIZ, RN – Witness .....5

    Written Response of TIFFANY CRESSITA WILLIS, LPN – Respondent.....6

IV. EXHIBITS

\* 1. Case Summary and attachments .....7 - 10

2. Copy of Notification letter dated October 23, 2012 ..... 11 - 13

\* 3. Copy of Complainant Notification Letter (Status 30)..... 14

\* 4. Copy of Office of the Attorney General Investigative report (MFC-12-01054) ..... 15 - 46

\*\*\* 5. Copy of Department of Children and Family Report (2012-225063-01)..... 47 - 49

\* 6. Copy of Office of the Attorney General Investigative Report (MFC-12-01054) ..... 50 - 89

    One (1) C/D containing twenty eight (28) photographs, Bank Statements, Audio interviews of JL and WILLIS, State Attorney Records, Hand written statements of Willis, Grievance form and PC affidavit..... 90 - 156

7. Copy of Crossbreeze Care Center Employee Handbook ..... 157 - 223

\* 8. Written Response of TIFFANY CRESSETA WILLIS, LPN .....223 - 224

\* 9. Confidential Index of Names .....226

**\*EXHIBITS CONTAIN INFORMATION WHICH IDENTIFIES PATIENT(S) BY NAME AND ARE SEALED PURSUANT TO SECTION 456.057(10)(a), FLORIDA STATUTES**

**\*\*These records are sealed pursuant to Section 456.057(10)(a), Florida Statutes and copies of same are not maintained in the Fort Myers Investigative Services office**

**\*\*\*This exhibit contains confidential records concerning reports of abuse, neglect or exploitation of the vulnerable adult, including reports made to the central abuse hotline, and is sealed pursuant to section 415.107(1), Florida Statutes.**

**INVESTIGATIVE DETAILS  
SUMMARY OF EXHIBITS/RECORDS/DOCUMENTS**

Exhibit 3 is the Complainant Notification Letter (Status 30)

Exhibit 4 is a copy of the Attorney General Investigative report (MFC-12-01054).

This record contains OAG Investigator EARL RUTLAND's investigative report concerning the alleged misappropriation of the personal funds of JL; a patient of Crossbreeze Care Center, by TIFFANY WILLIS, LPN; an employee of Crossbreeze Care Center. The record provides an overview of statements provided by involved parties and a summarization of bank records. The record informs Approximately 16 withdrawals were made by utilizing JL's personal ATM card. On three (3) occasions surveillance cameras captured a person later identified as WILLIS making cash withdrawals by utilizing JL's ATM card.

This record also includes two hand written statements made by WILLIS explaining her involvement with JL and the expenditures of JL's personal funds.

Exhibit 5 is a copy of Department of Children and Family Report (2012-225063-01).

This record informs on October 4, 2012, it was reported to DCF that a staff member at Crossbreeze Care Center had been utilizing a patient's ATM card without authorization.

The record states, "There is evidence that the AP took advantage of JL and did use his ATM card for a number of transactions. Some of them may have been authorized but the bulk of them were not."

The record informs DCF report was closed with a verified finding of exploitation.

The record informs DCF deferred the prosecution of the case to the Office of the Attorney General.

Exhibit 6 is a copy of Office of the Attorney General Investigative Report (MFC-12-01054) and One (1) C/D containing twenty eight (28) photographs, Bank Statements, Audio interviews of JL and WILLIS, State Attorney Records, Hand written statements of WILLIS, Grievance form and PC affidavit.

This record informs that a Capias Warrant was issued by The Circuit Court in and for Sarasota County for TIFFANY WILLIS for Grand Theft and Fraudulent Use of a Credit Card.

The Warrant is supported by a Probable Cause Affidavit which was presented by Investigator EARL RUTLAND, OAG. The affidavit is supported by Statements, Photographs and Bank Records which indicate that WILLIS accessed and took the private funds of JL without his permission. The funds were removed from JL's account by use of an ATM card which WILLIS was known to have possessed.

Exhibit 7 is a copy of the Crossbreeze Care Center Employee Handbook, including the policy and procedure of the facility which includes the relationships between patient and caregiver.

Exhibit 8 is the Written Response of TIFFANY CRESSITA WILLIS, LPN.

Exhibit 9 is the Confidential Index of Names.

**INTERVIEW OF PHILIP HIBNICK, ADMINISTRATOR – Source:**

Employment:  
1722 18<sup>TH</sup> Street  
Crossbreeze Care Center  
Sarasota, FL 34233  
(941) 955-4915 (W)

On October 23, 2012, Investigator FRANK ASHLINE interviewed PHILIP HIBNICK, the Administrator at Crossbreeze Care Center, located at 1722 18<sup>th</sup> Street, Sarasota, FL 34233. HIBNICK advised he has been the administrator of the facility since August 2012.

HIBNICK confirmed the submission of the Healthcare Practitioner Complaint form. HIBNICK informed that JL reported that TIFFANY CRESSITA WILLIS, LPN had taken money from him without authorization. HIBNICK advised it was reported that WILLIS had access to JL's ATM card and JL reported that over \$1,000.00 was missing from his ATM account. HIBNICK informed he had WILLIS complete statements in which she denied taking any money from JL for personal gain. HIBNICK advised JL admitted using cash from his ATM card to make assorted purchases for JL. HIBNICK advised due to the nature of JL's allegations, DCF and Law Enforcement were contacted and they responded to investigate. HIBNICK advised JL was suspended pending the outcome of the investigation.

**INTERVIEW OF EARL RUTLAND, OAG INVESTIGATOR – Witness:**

Employment:  
3507 E. Frontage Road, Suite 325  
Tampa, FL 33607  
(813) 287-7118 (W)

On October 23, 2012, Investigator FRANK ASHLINE interviewed EARL RUTLAND, Investigator with the Medicaid Fraud Control Unit, Office of The Attorney General. RUTLAND faxed a copy of his investigative report (Exhibit 4) to ASHLINE and confirmed the information contained therein. RUTLAND advised his investigation was being submitted for approval of an Arrest Warrant for WILLIS and he would provide additional information to ASHLINE pending the arrest of WILLIS.

On December 18, 2012, Investigator FRANK ASHLINE contacted RUTLAND. RUTLAND informed WILLIS had been arrested on December 12, 2012, pursuant to a warrant for Grand Theft and Fraudulent Use of a Credit Card. RUTLAND informed he would send his investigative reports along with a C/D containing additional investigative material (See Exhibit 6).



**INTERVIEW OF JL – Patient:**

On January 7, 2013, Investigator FRANK ASHLINE interviewed JL at his residence. According to JL he has a history of diabetes, heart attacks and has had three strokes. JL is wheelchair bound and has slightly slurred speech. JL appeared to me alert and oriented. JL advised he had provided sworn testimony to Investigator RUTLAND and the testimony he provided was a true accounting of his interaction with TIFFANY WILLIS (See Exhibit 6).

JL informed ASHLINE that he met WILLIS when he arrived at the facility. JL advised he became friendly with WILLIS. JL informed that WILLIS agreed to help him by taking him in her personal car to perform errands such as making small purchases, banking and taking him out to eat. JL advised he would give small amounts of money to WILLIS in appreciation for her assistance. JL confirmed that he would on occasion give money to JL to purchase food items for him. JL advised he gotten a new ATM card in the mail but WILLIS would not give it to him and she told JL she would hold it for safe keeping. JL advised he didn't think there was an issue until they day his brothers came to visit and he wanted to buy them lunch. JL advised he asked WILLIS for his ATM card and she told him that the account only had eight dollars in it. JL informed he was under the impression that the ATM account had a least fifteen hundred (\$1,500.00) dollars in it. JL advised he never had authorized WILLIS to utilize the ATM card and any purchases made on the card were done without his permission. JL advised the day after the incident WILLIS approached him and told him she was sorry and she would repay the money.

**INTERVIEW OF JAVIER ORTA, RN, DON, (LICENSE # 9333469) – Witness:**

Employment:  
1722 18<sup>TH</sup> Street  
Crossbreeze Care Center  
Sarasota, FL 34233  
(941) 955-4915 (W)

On January 7, 2012, Investigator FRANK ASHLINE interviewed JAVIER ORTA, RN at the Crossbreeze Care Center. ORTA advised he has been an RN for approximately two years and has been employed with Crossbreeze Care Center, as the Director of Nursing since July 2012.

ORTA advised when he started with the facility he noticed that TIFFANY WILLIS and JL were very friendly with each other. ORTA advised that WILLIS did not appear to have the same type of relationship with other patients that she had with JL. ORTA advised that routinely WILLIS would make arrangements for JL to eat lunch from providers outside of the facility. ORTA advised that WILLIS would either go get JL's lunch or would have it delivered. ORTA advised that although JL is wheel chair bound and has suffered strokes he is alert and oriented. ORTA advised he was made aware that JL had an issue with WILLIS using his credit card on the day JL's brothers came to visit. ORTA advise he reported the information to the administrative staff. ORTA did not have any additional information.

**WRITTEN RESPONSE OF TIFFANY CRESSITA WILLIS, LPN, (LICENSE #5177791) -****Respondent:**

Residence:  
3206 Clark Drive  
Sarasota, FL 34234  
(941) 955-4915 (W)

On December 31, 2012, Investigator FRANK ASHLINE received a written response from TIFFANY CRESSITA WILLIS, LPN.

WILLIS writes, "...I was employed at Crossbreeze Care Center as a MDS Coordinator/Nurse Supervisor... During a regular medicare/trust meeting, the topic came up regarding JL's trust account being too high. There were other resident names as well. The administrator, LORI FORDHAM, at the time stated... I should take these residents shopping to spend down their accounts. A couple of weeks later, JL and I went shopping for several items at Walmart using money in his Bank America account because the money in his trust account at Crossbreeze had disappeared. JL became very comfortable with me... JL would come to me on a regular basis to go shopping for him or get money for him. JL would also send other staff members out for him as well... On another occasion, JL and I went to the mall to find him some shoes, clothes, and a phone. The facility set up the transport... I continued to do things for JL. There were never any accusations of me stealing or taking money from him at all during this time period. The accusations came about when JL's brothers came in town... JL has always had access to account statements and activities. I had only purchased things requested by JL... I am not guilty..." (Exhibit 8).