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STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOARD OF NURSING

IN RE:

ROBERT D. COFFMAN
License No. 025-0008113

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Docket No. NU35-1203

STIPULATION AND CONSENT ORDER

STIPULATION

NOW COMES the State of Vermont, through State Prosecuting Attorney Edward G. Adrian, and the Respondent, Robert D. Coffman, L.P.N., who stipulate and agree as follows:

Board Authority

1. The Vermont State Board of Nursing (the "Board") has authority to issue warnings or reprimands; suspend, revoke, limit, or condition current licenses; or prevent the renewal of lapsed licenses if, after disciplinary hearing, the Board finds that the Respondent has engaged in unprofessional conduct. 3 V.S.A. § 129(a); 3 V.S.A. § 129a; 3 V.S.A. § 814(d); 26 V.S.A. § 1582; the Administrative Rules of the Board of Nursing ("ARBN"); and the Rules of the Office of Professional Regulation.

Statement of Facts

2. Robert D. Coffman (the "Respondent") of Winooski, Vermont is licensed by the State of Vermont as a Practical Nurse under license number 025-0008113. This license was originally issued on or about August 30, 2001 and lapsed on March 31, 2005.
3. By way of history, the Respondent's license was indefinitely suspended pursuant to a Findings of Fact, Conclusions of Law, and Order (the "Order") entered by the Board on or about August 17, 2004. Attachment A. This discipline was due in part to Respondent's admitted long-term substance abuse issues and diversion of narcotics from the facility in which he worked. Pursuant to the terms of the Order, Respondent's license was indefinitely suspended for a minimum of twelve (12) months and until Respondent petitioned the Board for reinstatement and could show that he is safe to return to the practice of nursing.
4. On or about August 18, 2008 in a letter directed to the Board, the Respondent requested reinstatement of his practical nursing license. Respondent stated that after he attended inpatient drug rehabilitation in December 2003, he never again used narcotics or other illegal drugs habitually. Moreover, Respondent stated that he has enjoyed complete sobriety since January 21, 2007; graduated from an associate respiratory program with honors in July 2007; currently participates in at least three

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Alcoholic Anonymous meetings per week; and attends substance abuse counseling each week. Respondent also noted that he lived at the Oxford House, a group home for substance abuse recovery, in Barre, Vermont for a time, where he was house treasurer. Furthermore, Respondent stated that he now has a point of view and a life he never thought possible, and that he looks forward to "a wonderful medical career that includes both Nursing and Respiratory Therapy."

5. In an assessment report by Mental Health and Drug and Alcohol Counselor Michele Clark dated February 6, 2008 and submitted with Respondent's request for reinstatement, Ms. Clark described the Respondent as only using alcohol by September 2005, and as being completely sober since January 21, 2007. Ms. Clark stated the Respondent meets the criteria for Alcohol Dependence, Opiate Dependence, and Polysubstance Dependence, all in full sustained remission with physical dependence. Moreover, Ms. Clark noted that while Respondent lived at the Oxford House for five months, he was required to submit to random urine screens. Finally, while Ms. Clark described Respondent's sobriety as "strong," she also noted that Respondent's sobriety is relatively new, and therefore recommended that Respondent's license to practice as an L.P.N. be reinstated with the requirement that he meets with a Licensed Alcohol and Drug Counselor once a month for the first year and once every two months for the second year, to review the Respondent's ways of maintaining sobriety and any life stresses that might threaten his sobriety.
6. Respondent has not practiced nursing for at least one hundred twenty (120) days (960 hours) in the previous five (5) years, and therefore must complete the education and clinical components of the Board's Re-Entry Program before having his license reinstated.

Understandings

7. Respondent admits the facts above are true and that the conditions below are necessary to protect the public.
8. Respondent understands that the Nursing Board must review and accept the terms of the Consent Order. If the Board rejects any portion, the entire Stipulation and Consent Order shall be null and void.
9. Respondent specifically waives any claims that any disclosures made to the full Board during its review of this agreement have prejudiced his rights to a fair and impartial hearing in future hearings if this agreement is not accepted by the Board.
10. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.
11. Respondent is not under the influence of any drugs or alcohol at the time he signs this Stipulation and Consent Order.

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12. Respondent voluntarily enters into this agreement after the opportunity to consult with legal counsel and is not being coerced by anyone into signing this Stipulation and Consent Order.
13. Respondent voluntarily waives his right to a contested hearing before the Board of Nursing and waives any right to appeal from this Stipulation and Consent Order.
14. Respondent agrees that the Order set forth below may be entered by the Board.

ORDER REGARDING RE-ENTRY PROGRAM AND TEMPORARY PERMIT

Based on the Stipulation above, it is **ORDERED AND ADJUDGED** as follows:

- A. Respondent's license to practice practical nursing **remains suspended**. Before applying for reinstatement, Respondent must: 1) be enrolled in a Board-approved Re-Entry Program; and 2) successfully complete the classroom component of the Re-Entry Program and submit evidence of completion of the same to the satisfaction of the Board or its designee. Once these prerequisites are met, the Respondent shall be issued a **TEMPORARY PERMIT for the purpose of permitting limited practice in a clinical setting for the clinical component of the Re-Entry Program FOR NINETY (90) DAYS**. In the case of extenuating circumstances, the Executive Director may grant an extension to allow the Respondent to hold this temporary permit for a period of time not to exceed one (1) year. This temporary permit shall be subject to the standard conditions of the ARBN and/or guidelines for re-entry programs established by the Board, and shall furthermore be subject to **SPECIAL CONDITIONS**, as follows:

(1) Issue of Temporary Permit.

Upon the commencement of these conditions, Respondent shall be issued a temporary permit labeled "conditioned."

(2) Length of Time of Conditions Imposed.

The conditions shall remain in place until Respondent has completed all conditions ordered. Respondent shall be subject to the conditions until Respondent successfully completes **limited practice in a clinical setting for ninety (90) days**, that may be extended in cases of extenuating circumstances, but not to exceed one (1) year, according to the ARBN and/or guidelines for re-entry programs established by the Board.

(3) Completion of Substance Abuse Counseling and Treatment Plan.

Respondent shall enter into and continue substance abuse counseling with a treating professional pre-approved by the Board at least once a month during the conditioned period. The treating professional shall, at a minimum, review Respondent's ways of maintaining sobriety and any life stresses that might threaten his sobriety. The Respondent shall enter into and comply with the substance abuse treatment plan approved by the Board and the treating professional.

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(4) Notification to Treating Professional.

Respondent shall provide a copy of this Stipulation and Consent Order to his treating professional and cause his treating professional to inform the Board, in writing and on professional letterhead, of receipt of the Stipulation and Consent Order and the treating professional's ability to comply with the conditions related to treatment and with all other terms of this Consent Order.

(5) Reports from Treating Professional.

Respondent shall authorize and cause his treating professional to submit to the Board evidence of satisfactory progress with the treatment plan during the effective period of this Consent Order. These reports shall be submitted in writing on forms issued by the Board. The first report is due commencing the month after the date of the commencement of these conditions and subsequent reports are due **monthly** thereafter.

Respondent shall authorize his treating professional to provide all information requested by the Nursing Board, either orally or in writing, at any time during the period this Consent Order is in effect.

(6) Participation in Recovery Groups.

Respondent shall participate as recommended by his treating professional in substance abuse recovery group(s), and shall submit quarterly reports documenting such attendance on forms issued by the Board.

(7) Random Drug and Alcohol Testing.

Respondent shall submit to random drug and alcohol screenings at the request of the Board or its designee. Respondent shall designate a person, who has been approved by the Board or its designee, to administer random drug and alcohol screens. All testing shall be done on a random, unannounced basis and analyzed by a lab qualified to analyze samples for forensic purposes and approved by the Board. All urine specimens collected for tests shall be collected in an observed setting. All screens shall be negative.

Failure to appear for, refusal to provide, adulteration of, dilution of, or tampering with a sample for any urine screen shall cause that screen to be presumed positive. Any positive screen shall act as a violation of this Order.

(8) Abstain from Drug and Alcohol Use.

Respondent shall abstain completely from the consumption or possession of alcohol and drugs with the exception of medications as outlined in paragraph A.(9) for the period of time described in A.(2).

(9) Drug Use Exception.

Respondent shall not take controlled substances unless necessary. Respondent may take scheduled/controlled medications lawfully prescribed for a bona fide illness or condition by a physician, dentist, or nurse practitioner whose identity shall be made known to the Board in writing by Respondent within forty-eight (48) hours of

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the establishment of the practitioner/patient relationship. Respondent shall ensure that the physician, dentist or nurse practitioner informs the Board, in writing and on appropriate letterhead, of knowledge of Respondent's substance abuse issue(s) within one (1) week of entering into the practitioner/patient relationship. Respondent shall inform the Board in writing of all scheduled/controlled medications prescribed, including the name of the prescribing practitioner, within forty-eight (48) hours of receiving the prescription.

The Board or its designee may request at any time that the practitioner document the continued necessity for the prescribed scheduled/controlled medications if the term exceeds fourteen (14) days. This includes medications to be administered as necessary. It is not anticipated that Respondent would be prescribed scheduled/controlled medication during the term of this Consent Order for a period greater than fourteen (14) days, but if so, then the conditions herein may be revoked by the Board.

Respondent shall keep a written record of all medications taken, including over the counter drugs, and produce such record upon the request of the Board or its designee.

(10) Notification to Program Director.

Respondent shall provide a copy of this Stipulation and Consent Order to the Program Director of Respondent's Re-Entry Program and inform the Program Director of Respondent's conditional license status.

Within ten (10) days of the commencement of the clinical component of the Re-Entry Program, Respondent shall cause Respondent's Program Director to write to the Board, on professional letterhead, acknowledging receipt of the Stipulation and Consent Order and the ability of the Program Director to comply with the conditions in the Consent Order during clinical experience.

(11) Reports from Program Director.

Within one (1) month of the commencement of the clinical component of the Re-Entry Program and **monthly** thereafter, Respondent shall cause his Program Director to submit to the Board a written evaluation of Respondent's performance and attendance. This report shall be submitted in writing on forms issued by the Board and accompanied by a cover letter on the school's letterhead.

(12) Practice Under Supervision.

Respondent shall practice under his temporary permit only in a setting where Respondent has direct supervision for the entire shift by a registered nurse that is licensed and in good standing with the Board, and as according to the ARBN and/or guidelines for re-entry programs established by the Board.

(13) Administration of Medications.

Respondent is prohibited from administering any controlled substances.

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(14) Interview with the Board or its Designee.

Respondent shall appear in person for interviews with the Board or its designee upon request.

(15) Notification to Other States.

In the event that the Respondent is licensed in nursing in any other state(s), he must inform the nursing licensing board of the state(s) in which the Respondent is licensed of the conditional status of his Vermont temporary permit within thirty (30) days of the date of entry of this Order. If the Respondent fails to provide such notification, it will be considered a violation of this Order.

(16) Temporary Permit Renewal.

Respondent is prohibited from renewing his temporary permit.

(17) Release of Information Forms.

The conditions of this Order require the Respondent to authorize drug and/or alcohol treatment providers to report information in verbal and/or written format and/or to discuss the Respondent and any and all treatment rendered to the Respondent for drugs and/or alcohol with the Board or its designee. The conditions of this Order must allow any and all information from the Respondent's treatment providers to also be provided to the Office of Professional Regulation investigators and that the information may be used for further prosecutions if so warranted or if the Office of Professional Regulation determines that said information violates the terms of this Order or any rules or laws governing the profession of nursing.

The Respondent is entitled to revoke this consent at any time. However, any revocation by the Respondent of such consent to disclosure during the term of this Order shall be considered a violation of this Order.

This consent expires when the conditions are removed from the Respondent's practical nursing license.

This Stipulation and Consent Order shall constitute a valid written consent pursuant to the requirements of 42 C.F.R. § 2.31.

The Respondent understands that his treatment provider may require him to sign a separate and distinct consent meeting the requirements of 42 C.F.R. § 2.31.

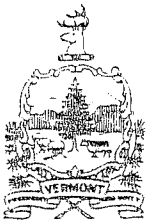
(18) Costs.

The Respondent shall bear all costs of complying with this Consent Order.

(19) Violation of this Order.

If the Respondent violates the terms of this Order in any respect, the Board, after giving the Respondent notice and an opportunity to be heard, may rescind or modify this Order and impose additional appropriate disciplinary actions. If a complaint of unprofessional conduct is made against the Respondent during the term of this Order, this Order shall be automatically extended until the unprofessional conduct matter is concluded.

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(20) Completion of Conditional Temporary Permit Period.

After the conditional temporary permit period, the Respondent may complete an application for reinstatement of his license. The Respondent must present proof that he has fully complied with the terms of this Order.

ORDER REGARDING CONDITIONED LICENSE

- B. After successful completion of the Re-Entry Program as outlined above in the Order Regarding Re-Entry Program and Temporary Permit, and after Respondent completes an application for reinstatement of his license, Respondent's license to practice practical nursing shall be **REINSTATED and CONDITIONED FOR A MINIMUM OF THREE (3) YEARS**. The conditions will be as follows:

(1) Re-issue of License.

Upon the commencement of these conditions, Respondent shall be issued a license labeled "conditioned."

(2) Length of Time of Conditions Imposed.

The conditions shall remain in place until Respondent has completed all conditions ordered. Respondent shall be subject to the conditions until Respondent completes **three (3) years** of supervised practical nursing in which he works at least forty (40) hours every two (2) weeks as a practical nurse. Part time hours of less than forty (40) hours every two (2) weeks shall be credited on a prorated basis. Respondent shall be prohibited from working more than forty (40) hours per week

(3) Completion of Substance Abuse Counseling and Treatment Plan.

Respondent shall enter into and continue substance abuse counseling with a treating professional pre-approved by the Board at least once a month for the first year of the conditioned period, and at least once every two months for the second year of the conditioned period, and thereafter at whatever schedule deemed appropriate by the treating professional until the treating professional shall certify in writing to the Nursing Board that such counseling is no longer necessary. The treating professional shall, at a minimum, review Respondent's ways of maintaining sobriety and any life stresses that might threaten his sobriety. The Respondent shall enter into and comply with the substance abuse treatment plan approved by the Board and the treating professional.

(4) Notification to Treating Professional.

Respondent shall provide a copy of this Stipulation and Consent Order to his treating professional and cause his treating professional to inform the Board, in writing and on professional letterhead, of receipt of the Stipulation and Consent Order and the treating professional's ability to comply with the conditions related to treatment and with all other terms of this Consent Order.

(5) Reports from Treating Professional.

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Respondent shall authorize and cause his treating professional to submit to the Board evidence of satisfactory progress with the treatment plan during the effective period of this Consent Order. These reports shall be submitted in writing on forms issued by the Board. The first report is due commencing the month after the date of the commencement of these conditions and subsequent reports are due **monthly** thereafter.

Respondent shall authorize his treating professional to provide all information requested by the Nursing Board, either orally or in writing, at any time during the period this Consent Order is in effect.

(6) Participation in Recovery Groups.

Respondent shall participate as recommended by his treating professional in substance abuse recovery group(s), and shall submit quarterly reports documenting such attendance on forms issued by the Board.

(7) Random Drug and Alcohol Testing.

Respondent shall submit to random drug and alcohol screenings at the request of the Board or its designee. Respondent shall designate a person, who has been approved by the Board or its designee, to administer random drug and alcohol screens. All testing shall be done on a random, unannounced basis and analyzed by a lab qualified to analyze samples for forensic purposes and approved by the Board. All urine specimens collected for tests shall be collected in an observed setting. All screens shall be negative.

Failure to appear for, refusal to provide, adulteration of, dilution of, or tampering with a sample for any urine screen shall cause that screen to be presumed positive. Any positive screen shall act as a violation of this Order.

(8) Abstain from Drug and Alcohol Use.

Respondent shall abstain completely from the consumption or possession of alcohol and drugs with the exception of medications as outlined in paragraph B.(9) for the period of time described in B.(2).

(9) Drug Use Exception.

Respondent shall not take controlled substances unless necessary. Respondent may take scheduled/controlled medications lawfully prescribed for a bona fide illness or condition by a physician, dentist, or nurse practitioner whose identity shall be made known to the Board in writing by Respondent within forty-eight (48) hours of the establishment of the practitioner/patient relationship. Respondent shall ensure that the physician, dentist or nurse practitioner informs the Board, in writing and on appropriate letterhead, of knowledge of Respondent's substance abuse issue(s) within one (1) week of entering into the practitioner/patient relationship. Respondent shall inform the Board in writing of all scheduled/controlled medications prescribed, including the name of the prescribing practitioner, within forty-eight (48) hours of receiving the prescription.

The Board or its designee may request at any time that the practitioner document the continued necessity for the prescribed scheduled/controlled medications if the

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term exceeds fourteen (14) days. This includes medications to be administered as necessary. It is not anticipated that Respondent would be prescribed scheduled/controlled medication during the term of this Consent Order for a period greater than fourteen (14) days, but if so, then the conditions herein may be revoked by the Board.

Respondent shall keep a written record of all medications taken, including over the counter drugs, and produce such record upon the request of the Board or its designee.

(10) Notification to Employers/Nursing School.

Respondent shall provide a copy of this Stipulation and Consent Order to all employers in any current or future setting in which Respondent practices as a practical nurse and inform them of Respondent's conditional license status.

Within ten (10) days of the date of entry of this Consent Order or of any subsequent practical nursing employment, Respondent shall cause Respondent's immediate supervisor to write to the Board, on the employer's letterhead, acknowledging receipt of the Stipulation and Consent Order and the ability to comply with the conditions in the Consent Order.

In the event the Respondent is attending a nursing program, Respondent shall cause the Program Director to write to the Board, on school letterhead, acknowledging receipt of the Stipulation and Consent Order and ability of the program to comply with the conditions in the Consent Order during clinical experience.

(11) Reports from Employers.

Within one (1) month of the date of Respondent's license reinstatement or within one (1) month of the commencement of practical nursing employment and **monthly** thereafter, Respondent shall cause every nursing employer the Respondent works for during the month to submit to the Board an evaluation of Respondent's work performance and attendance during that month. This report shall be submitted in writing on forms issued by the Board.

In the event the Respondent is attending a nursing program, Respondent shall cause the Program Director to submit to the Board, on a monthly basis, a written evaluation of his performance and attendance. This report shall be submitted in writing on forms issued by the Board and accompanied by a cover letter on the school's letterhead.

(12) Practice Under Supervision.

Respondent shall practice as a practical nurse only in a setting where Respondent has direct supervision for the entire shift by a registered nurse that is licensed and in good standing with the Board.

(13) Administration of Medications.

Respondent is prohibited from administering any controlled substances. This condition may be removed only by the Respondent filing a petition with the Board

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after he has worked as a practical nurse for twelve (12) weeks for at least forty (40) hours every two weeks (or the part time equivalent) after the date of reinstatement.

In any such petition, the Respondent must demonstrate, to the satisfaction of the Nursing Board, that he can safely and competently administer such medications. In any such petition, the Respondent must include appropriate support from his treating professional and employer or nursing school administrator and a description of the documentation and inventory control procedures in place.

The removal of this prohibition shall not automatically result in the reinstatement of all medication privileges. The Board may gradually restore those privileges through whatever intermediary steps it determines are appropriate.

(14) Types of Employment Prohibited.

Respondent shall not work in a supervisory role. Respondent shall not work for a nurse registry, traveling nurse agency, float-pool, home health care agency, temporary nursing employment agency, or as a private duty nurse or personal care provider during the effective period of this Consent Order.

(15) Interview with the Board or its Designee.

Respondent shall appear in person for interviews with the Board or its designee upon request.

(16) Out of State Practice.

Before any out-of-state nursing practice can be credited toward fulfillment of these terms and conditions, Respondent shall first obtain approval from the Board prior to Respondent practicing nursing outside the State of Vermont. If Respondent fails to receive such approval before practicing nursing outside the State, none of the time spent practicing nursing out-of-state will be credited toward the fulfillment of the terms and conditions of this Consent Order. The Board will approve out-of-state nursing practice so long as the Respondent can still comply with the provisions of this Consent Order.

(17) Notification of Place of Employment/Personal Address/Telephone Number.

Within five (5) days of the date of entry of this Consent Order, Respondent shall notify the Board, in writing, of his current place of employment, personal address, and telephone number. Respondent shall further notify the Board, in writing, within forty-eight (48) hours of any change in employment, personal address, or telephone number.

(18) Notification to Other States.

In the event that the Respondent is licensed in nursing in any other state(s), he must inform the nursing licensing board of the state(s) in which the Respondent is licensed of the conditional status of his Vermont practical nursing license within thirty (30) days of the date of Respondent's license reinstatement. If the Respondent fails to provide such notification, it will be considered a violation of this Order.

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(19) License Renewal.

If the Respondent's license expires while this Order is still in effect, this Order does not automatically extend the license. In that situation, in order to continue to practice as a practical nurse, the Respondent must timely apply for renewal, pay the applicable fee and demonstrate that he has otherwise complied with the requirements for license renewal.

(20) Release of Information Forms.

The conditions of this Order require the Respondent to authorize drug and/or alcohol treatment providers to report information in verbal and/or written format and/or to discuss the Respondent and any and all treatment rendered to the Respondent for drugs and/or alcohol with the Board or its designee. The conditions of this Order must allow any and all information from the Respondent's treatment providers to also be provided to the Office of Professional Regulation investigators and that the information may be used for further prosecutions if so warranted or if the Office of Professional Regulation determines that said information violates the terms of this Order or any rules or laws governing the profession of nursing.

The Respondent is entitled to revoke this consent at any time. However, any revocation by the Respondent of such consent to disclosure during the term of this Order shall be considered a violation of this Order.

This consent expires when the conditions are removed from the Respondent's practical nursing license.

This Stipulation and Consent Order shall constitute a valid written consent pursuant to the requirements of 42 C.F.R. § 2.31.

The Respondent understands that his treatment provider may require him to sign a separate and distinct consent meeting the requirements of 42 C.F.R. § 2.31.

(21) Costs.

The Respondent shall bear all costs of complying with this Consent Order.

(22) Violation of this Order.

If the Respondent violates the terms of this Order in any respect, the Board, after giving the Respondent notice and an opportunity to be heard, may rescind or modify this Order and impose additional appropriate disciplinary actions. If a complaint of unprofessional conduct is made against the Respondent during the term of this Order, this Order shall be automatically extended until the unprofessional conduct matter is concluded.

(23) Completion of Conditional License Period.

After the conditional license period, the Respondent may petition the Board to remove any and all conditions on his license. The Respondent must present proof that he has fully complied with the terms of this Order. The Respondent must also present proof of successful substance abuse rehabilitation and he must demonstrate, to the satisfaction of the Board, that he poses no danger to the public or the practice of

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practical nursing and that he can safely and competently perform the duties of a licensed practical nurse.

- C. Notwithstanding any provision above, the Respondent must continue to meet all Nursing Board requirements for maintaining a license, license renewal and license reinstatement. Moreover, Respondent must abide by and continue to meet all Nursing Board requirements regarding any temporary permit issued to the Respondent as part of a re-entry program.
- D. This Stipulation and Consent Order is a matter of public record and may be reported to other licensing authorities as provided in 3 V.S.A. §129(a).
- E. This Stipulation and Consent Order will remain part of Respondent's licensing file and may be used for purposes of determining sanctions in any future disciplinary matter.

AGREED TO:

Dated: 12/23/08

STATE OF VERMONT
SECRETARY OF STATE

By: [Signature]

Edward G. Adrian
State Prosecuting Attorney

ROBERT D. COFFMAN
RESPONDENT

Dated: 12/10/08

By: [Signature]

Robert D. Coffman

APPROVED AND SO ORDERED:

VERMONT BOARD OF NURSING

Dated: 1-12-09

By: [Signature]

Chairperson

Date of Entry: 1/14/09

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STATE OF VERMONT
BOARD OF NURSING

IN RE:)
Robert Coffman) Case File No. NU35-1203
License No. 25-8113)

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

Introduction

The Vermont Board of Nursing ("the Board") held a hearing in this case on Monday, August 9, 2004, at 81 River Street in Montpelier, Vermont. Board members Susan Farrell, Laurey Tyo, Sandra Norton, Pat Rock, Ellen Leff, Donarae Metcalf and *ad hoc* member Margaret Luce participated in the decision. Edward Adrian, Prosecuting Attorney, appeared for the State. Robert Coffman ("the Respondent") was not present. Christopher Winters was the Presiding Officer.

The Respondent did file an answer to the Charges in this case, admitting all of the facts alleged with the exception of Paragraphs 5 and 7 of the Specification of Charges. The Respondent did not attend a prehearing conference held on July 1, 2004. For purposes of this hearing, the State agreed to strike Paragraphs 5 and 7 of the Charges. All other Paragraphs are deemed admitted and proved by the State.

Findings of Fact

Because the Respondent admitted nearly all of the facts in the State's Specification of Charges dated March 2, 2004, that document is incorporated by reference and includes the facts upon which the Board's conclusions and order are based, with the exception of Paragraphs 5 and 7.

Conclusions of Law

A. Pursuant to 26 V.S.A. §1582 and 3 V.S.A. §§129, the Board of Nursing may revoke, suspend or otherwise discipline the license of a nurse who engages in unprofessional conduct as defined by 26 V.S.A. §1582 and 3 V.S.A. §129a and the Board's Administrative Rules.

B. By engaging in the conduct alleged in the Charges and admitted to in his answer, the Respondent has committed unprofessional conduct in violation of 26 V.S.A. §1582(a)(3) (is unable to practice nursing competently by reason of any cause); 26 V.S.A. §1582(a)(5) (is habitually intemperate or is addicted to the use of habit forming drugs); 26 V.S.A. §1582(a)(7) (engages in conduct of a character likely to deceive, defraud or harm the

public); Board Administrative Rule Chapter 4, Rule IV (II)(D)(3) (falsifying or altering clinical records or making inaccurate or misleading entries); and Board Administrative Rule Chapter 4, Rule IV (II)(D)(4) (diverting drugs for personal or other unauthorized use).

Order

A. In light of the above findings and conclusions, the Board hereby INDEFINITELY SUSPENDS the Respondent's license, effective as of the date of the hearing, for a MINIMUM OF TWELVE (12) MONTHS and until such time he petitions the Board for reinstatement and can show that he is safe to return to the practice of nursing. Such return to practice will be under the conditions the Board deems appropriate to protect the public health, safety and welfare, and will most likely include at least three years of conditioned practice including practice under supervision, an independent evaluation by a licensed drug and alcohol abuse counselor, random urine screens, and monthly employer reports, among other conditions.

B. This Order is a matter of public record and may be reported to other licensing authorities as provided in 3 V.S.A. §129(a).

C. This Order will remain part of Respondent's licensing file and may be used for purposes of determining sanctions in any future disciplinary matter.

Appeal Rights

This is a final administrative determination by the Vermont Board of Nursing. You may appeal by sending a notice of appeal in writing to the Director of the Office of Professional Regulation within 30 days of the date of entry of this order. If you wish to request a stay of the Board's decision, please refer to the attached stay instructions.

By: Susan Farrell
Susan Farrell, RN
Chair

Date: 8/17/04

OFFICE OF PROFESSIONAL REGULATION

Date of entry: 8/23/04

STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOARD OF NURSING

IN RE:)
ROBERT D. COFFMAN) DOCKET No. NU35-1203
License No. 025-0008113)

SPECIFICATION OF CHARGES

NOW COMES the State of Vermont and makes the following Charges against the Respondent, Robert D. Coffman, L.P.N.:

Board Authority

1. The Vermont Board of Nursing (the "Board") has jurisdiction to investigate and adjudicate allegations of unprofessional conduct committed by Nurses pursuant to 3 V.S.A. §§ 129, 129a; 26 V.S.A. Chapter 28 and; the rules of the Board and the Vermont Office of Professional Regulation.

Statement of Facts

2. Robert D. Coffman (the "Respondent") of Cabot, Vermont is a licensed practical nurse holding license number 025-0008113, issued by the State of Vermont.
3. The Respondent's license is currently suspended pursuant to a Summary Suspension Order entered by the Board of Nursing on January 14, 2004 which was based upon the facts below.
4. At all relevant times, the Respondent was practicing as a licensed practical nurse and worked for the Woodridge Nursing Home (the "Facility") located in Berlin, Vermont with a mailing address of P.O. Box 550, Barre.
5. On or about November 29, 2003, two nurses were helping the Respondent with medication administration. The nurses noticed on top of the cart a cup with three white pills and a cup of an "orange pasty substance" that smelled like an alcoholic beverage. The two nurses observed that the three pills looked like Oxycontin.
6. One of the nurses questioned the Respondent about the beverage. The Respondent stated that it was Miralax and orange juice and quickly threw it in the garbage. One of the nurses advised that Miralax usually dissolves in liquid. One of the two nurses then questioned the Respondent about the pills and the Respondent quickly grabbed them and left.
7. Only one patient at the Facility, J.G. receives Oxycontin from a source outside of the facility. After the encounter with the Respondent, one of the nurses inspected J.G.'s Oxycontin bottle. The nurse found that there were 29 pills in the bottle, however only 8 were Oxycontin, 1 was Trazedone and 20 were Lexapro.

STATE OF VERMONT



Prosecuting Attorney
Office of
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Montpelier, VT 05602

8. Shortly after this incident occurred, the police were contacted. The Respondent was relieved from his duties and resigned from the Facility on December 2, 2003.
9. From December 21, 2002 to November 29, 2003, the Respondent had received various warnings about his medication documentation, failure to sign out medication, medication errors, failing to note medications administered on the MAR, failure to note that Fentanyl was discontinued, failure to follow through with a patient who had a respiratory illness, failure to document and call a physician after placing a patient on oxygen and for having problems with the medication pass.
10. On November 29, 2003, Nurse Gayle Callahan, interviewed several of the patients that the Respondent had charted as giving Vicodin to on that date. Two of the patients denied receiving any Vicodin on that date.
11. Since approximately September of 2003, there has been a shortage of Lexapro at the Facility.
12. On December 19, 2003, Investigator Jackie Cholewa interviewed the Respondent's wife Melissa Coffman. Ms. Coffman stated that she was aware that the Respondent had a drug problem and that she had taken the Respondent to a "detox center" on Sunday, December 14, 2003.
13. On December 24, 2003, Investigator Jackie Cholewa interviewed the Respondent. The Respondent advised Investigator Cholewa that he had had a drug problem for approximately 30 years; that he was attending Alcoholics Anonymous twice daily, that he has had problems with Methylphenidate, and cocaine, and continues to have a problem with Percocet; and that he obtained drugs through his wife's prescriptions, friends and drug dealers and the Facility.
14. The Respondent admitted to taking approximately 1-5 pills of Percocet or Oxycodone from the Facility on a daily basis to augment his drug habit. These drugs were obtained from the Facility's narcotics drawer.
15. The Respondent advised Investigator Cholewa that he could not function without the drugs that he was taking and that he was "in active addiction" and he was "sure that it effected [his] performance." The respondent also admitted that he had attempted to detox himself "hundreds of times" without success.
16. From December 2, 2003 to December 18, 2003 the Respondent admitted that he was in drug rehabilitation at the Maple Leaf Facility in Underhill and Montpelier, Vermont.

Charges

17. The above acts and circumstances, alone or in combination, violate: 3 V.S.A. § 129a(a) (3) (failing to comply with provisions of federal or state statutes or rules governing the practice of the profession); 26 V.S.A. § 1582(a)(3)(is unable to practice nursing competently by reason of any cause); 26 V.S.A. § 1582(a)(5) (is

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habitually intemperate or is addicted to the use of habit forming drugs); 26 V.S.A. § 1582(a)(7)(engages in conduct of a character likely to deceive, defraud or harm the public); Vermont Board of Nursing Administrative Rule (the "Rules") Chapter 4, Rule IV, II, B, 1; (performance of unsafe or unacceptable patient care); Rule Chapter 4, Rule IV, II, D. 3.; (falsifying or altering clinical records or making inaccurate or misleading entries); and Rule Chapter 4, Rule IV, II, D. 4.; (diverting drugs for personal or other unauthorized use).

WHEREFORE, the license of Robert D. Coffman should be revoked, suspended, reprimanded, conditioned or otherwise disciplined.

DATED at Montpelier, Vermont this 14th day of May, 2004.

STATE OF VERMONT
SECRETARY OF STATE

By: _____

Edward G. Adrian
State Prosecuting Attorney

nu.coffman.soc

STATE OF VERMONT



Prosecuting Attorney
Office of
Professional Regulation
Montpelier, VT 05602

STATE OF VERMONT
BOARD OF NURSING

In re: Robert D. Coffman
License No. 25-8113

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Docket No. NU35-1203

SUMMARY SUSPENSION ORDER

On January 12, 2004, this case came before the Board of Nursing for a hearing on the State's request for summary suspension.

Based upon the evidence presented by the parties, the Board finds that the allegations in the request for summary suspension have been established to the necessary degree. Therefore, the Board finds that the public health, safety, or welfare imperatively require emergency action against the Respondent's license.

Pursuant to 3 V.S.A. § 814(c), Respondent Robert Coffman's nursing license is SUMMARILY SUSPENDED until a hearing on charges has been held and determined, or other resolution of this case.

BOARD OF NURSING

By: Luis Farrell
Chair

Dated: Jan. 12, 2004

OFFICE OF PROFESSIONAL REGULATION

DATE OF ENTRY: 1/14/04

**STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOARD OF NURSING**

IN RE: ROBERT D. COFFMAN) DOCKET No. NU35-1203
License No. 025-0008113)

REQUEST FOR SUMMARY SUSPENSION

Board Authority

1. The Vermont Board of Nursing (the "Board") has jurisdiction to investigate and adjudicate allegations of unprofessional conduct committed by Nurses pursuant to 3 V.S.A. §§ 129, 129a; 26 V.S.A. Chapter 28 and; the rules of the Board and the Vermont Office of Professional Regulation.
2. The Board of Nursing is authorized by 3 V.S.A. § 814 to summarily suspend the license of a nurse when it finds that the public health, safety or welfare imperatively requires emergency action.

Statement of Facts

3. Robert D. Coffman (the "Respondent") of Cabot, Vermont is a licensed practical nurse holding license number 025-0008113, issued by the State of Vermont. This license was originally issued on or about August 30, 2001 and is set to expire on January 31, 2004 .
4. At all relevant times the Respondent was practicing as a licensed practical nurse and worked for the Woodridge Nursing Home (the "Facility") located in Berlin, Vermont with a mailing address of P.O. Box 550, Barre.
5. On or about November 29, 2003, two nurses were helping the Respondent with medication administration. The nurses noticed on top of the cart a cup with three white pills and a cup of an "orange pasty substance" that smelled like an alcoholic beverage. The two nurses observed that the three pills looked like Oxycontin.
6. One of the nurses questioned the Respondent about the beverage. The Respondent stated that it was Miralax and orange juice and quickly threw it in the garbage. One of the nurses advised that Miralax usually dissolves in liquid. One of the two nurses then questioned the Respondent about the pills and the Respondent quickly grabbed them and left.
7. Only one patient at the Facility, J.G. receives Oxycontin from a source outside of the facility. After the encounter with the Respondent, one of the nurses inspected J.G.'s Oxycontin bottle. The nurse found that there were 29 pills in the bottle, however only 8 were Oxycontin, 1 was Trazedone and 20 were Lexapro.
8. Shortly after this incident occurred, the police were contacted. The Respondent was

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relieved from his duties and resigned from the Facility on December 2, 2003.

9. From December 21, 2002 to November 29, 2003, the Respondent had received various warnings about his medication documentation, failure to sign out medication, medication errors, failing to note medications administered on the MAR, failure to note that fentanyl was discontinued, failure to follow through with a patient who had a respiratory illness, failure to document and call a physician after placing a patient on oxygen and for having problems with the medication pass.
10. On November 29, 2003, Nurse Gayle Callahan, interviewed several of the patients that the Respondent had charted as giving Vicodin to on that date. Two of the patients denied receiving any Vicodin on that date.
11. Since approximately September of 2003, there has been a shortage of Lexepro at the Facility.
12. On December 19, 2003, Investigator Jackie Cholewa interviewed the Respondent's wife Melissa Coffman. Ms. Coffman stated that she was aware that the Respondent had a drug problem and that she had taken the Respondent to a "detox center" on Sunday, December 14, 2003.
13. On December 24, 2003, Investigator Jackie Cholewa interviewed the Respondent. The Respondent advised Investigator Cholewa that he had had a drug problem for approximately 30 years; that he was attending Alcoholics Anonymous twice daily, that he has had problems with Methylphenidate, and cocaine, and continues to have a problem with Percocet; and that he obtained drugs through his wife's prescriptions, friends and drug dealers and the Facility.
14. The Respondent admitted to taking approximately 1-5 pills of Percocet or Oxycodone from the Facility on a daily basis to augment his drug habit. These drugs were obtained from the Facility's narcotics drawer.
15. The Respondent advised Investigator Cholewa that he could not function without the drugs that he was taking and that he was "in active addiction" and he was "sure that it effected [his] performance." The respondent also admitted that he had attempted to detox himself "hundreds of times" without success.
16. From December 2, 2003 to December 18, 2003 the Respondent admitted that he was in drug rehabilitation at the Maple Leaf Facility in Underhill and Montpelier, Vermont.

Request for Relief

17. The facts as set out above establish that in order to protect the public health, safety or welfare of the people of the State of Vermont emergency action is imperative.
18. The above acts and circumstances, alone or in combination, violate: 3 V.S.A. § 129a(a) (3) (failing to comply with provisions of federal or state statutes or rules governing the practice of the profession); 26 V.S.A. § 1582(a)(3)(is unable to practice nursing

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competently by reason of any cause); 26 V.S.A. § 1582(a)(5) (is habitually intemperate or is addicted to the use of habit forming drugs); 26 V.S.A. § 1582(a)(7)(engages in conduct of a character likely to deceive, defraud or harm the public); Vermont Board of Nursing Administrative Rule (the "Rules") Chapter 4, Rule IV, II, B, 1; (performance of unsafe or unacceptable patient care); Rule Chapter 4, Rule IV, II, D. 3.; (falsifying or altering clinical records or making inaccurate or misleading entries); and Rule Chapter 4, Rule IV, II, D. 4.; (diverting drugs for personal or other unauthorized use).

WHEREFORE, the State of Vermont respectfully requests that pursuant to 3 V.S.A. § 814(c), the Respondent's nursing license number 025-0008113 be summarily suspended, pending a hearing on the merits.

DATED at Montpelier, Vermont this 30th day of December, 2003.

STATE OF VERMONT
SECRETARY OF STATE

By:

Edward G. Adrian
State Prosecuting Attorney

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STATE OF VERMONT



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